



Sri Aurobindo University, Indore
Sri Aurobindo Medical College & P.G. Institute
Indore-Ujjain State Highway, Bhawrasla, Indore 453555

APPLICATION FORM FOR ADMISSION: 2023
M. Sc. Clinical Embryology

1) Name of the Student : _____
(As per qualifying examination: B. Sc. Degree/ Bachelor's in Medicine)

2) Date of Birth: _____

3) Gender: Male Female

4) Total Marks & Percentage -B.Sc. Degree in Life Sciences/Biology/Zoology/ Biochemistry/ Basic Sciences/ Veterinary Sciences or equivalent. **OR** MBBS/BDS/BHMS/BAMS/BPT/B PHARMA/OTHERS (Tick applicable)

: _____ / _____ %

5) Name of the Institute/University: _____ / _____

6) Student Email Id: _____

7) Student Mobile No: _____

8) Father's Full Name: _____

9) Mother's Name: _____

10) Permanent Address: _____ Local Address: _____

Pin Code: _____ Pin Code: _____

Phone No: _____ Phone No: _____

11) Total number of self-attested copies of marksheet and certificates attached:

12) Details of self-attested certificate copies attached:

a) _____

b) _____

c) _____

d) _____

Note: Please send scanned copy of this completed form along with self-attested copies of certificates to admission@sriaurobindowiversity.edu.in

Date:

Signature of Parent

Signature of Student