



PUSHPAGIRI

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MBBS 2025 BIODATA

AFFIX RECENT
PASSPORT SIZE
PHOTO

Date of Admission: _____

Nature of Quota : AM/Open/Mgmt./NRI

Adm. Category: _____

Name of the Candidate: _____

Expansion of Initials of Name (if any) _____

Gender: Male Female Student Email Id: _____ Blood Group _____

Home State: _____ Place of Birth _____ Nationality _____

Date of Birth (DD/MM/YYYY): _____ Student Mob. No: _____ Religion: _____

Caste: _____ Aadhar No: _____ Ration Card: APL BPL

Name of the Father:	Mob. No:	Occupation:
Name of the Mother:	Mob. No:	Occupation:

(Brother/Sister) status:

Medically qualified relative (if any)

Name	Age	Gender	Education

Address:	Permanent:	Communication:	Local Guardian(if any)
District:			
Pincode:			
Tel L.L. No:			
Email Id: Parent			

Marks Secured for XIIth / Plus 2 / CBSE / ICSE / BSc:			
Subject	Maximum Marks	Marks Obtained	%
Physics			
Chemistry			
Biology			
Total (P+C+B):			
English			

NEET / KEAM 2025 Details	
NEET Roll No:	
NEET - Score	
NEET - Rank	
KEAM Roll No:	
KEAM - Rank	

Extra-curricular Activities:

Qualifying Examination	Institution	Board	% of Marks	Registration No.	Year of Passing
SSLC/X th					
Plus 2 / XII th					

Signature of the Candidate

Signature of the Parent