



APEX MEDCOM & TRAINING INSTITUTE

AMTIC TEST

Established under Karnataka Act 1961 & ISO 9001:2008 certified Institute

PERSONAL DETAILS:

Applicant's Name:-

Date of Birth:-

Gender:-

Father's Name:-

Nationality:-

Correspondence Address:-

Permanent Address:-

Phone No:-

Mobile No:-

Email Id:-

Currently Employed:-

Currently Company Details and Address:-

QUALIFICATION DETAILS:

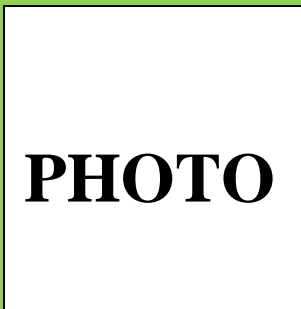
Qualification	Passing Year	Board	Marks Obt.	Total Marks	%
10 th					
12 th					
Graduation					
Post Graduation					

I hereby declare/ certify that the above information is completely true to the best of my knowledge and belief and nothing has been concealed therein. I am fully aware of the fact that if the information given by me proves to be wrong, I will be punished under law and I will be summarily expelled from the Entrance or Interview where I had got admission or job on the basis of the false information.

Declaration which is by Law receivable as evidence.

I give my consent to send me details (if any) regarding my Admission/ Entrance Test/ Result Information at my e-mail/ through SMS on my mobile phone.

DATE:



(SIGNATURE OF CANDIDATE)