SHYAM SHAH MEDICAL COLLEGE, REWA (MP)

IDENTITY CARD FORM

(For UG Batch-2025 Students Only)

FORM NO…….	**Paste Your NEET UG-2025 Photograph**
DATE……..…..	
CARD NO…….	

FILL ONLY CAPITAL LETTER

NAME…….……...……

NAME (IN HINDI)…….…….....……...

FATHER/SPOUSE/GAURDIAN NAME…….…….…….……

COURSE…….……...

ADMISSION BATCH……..…….....

CATEGORY…..……DATE OF BIRTH…….……...

GENDER……BLOOD GROUP……..……

FULL LOCAL ADD. (WITH PIN CODE)…….……..……..

FULL PERMANENT ADD (WITH PIN CODE)…….…..……...

IDENTIFICATION MARK…….……

EMAIL ID……..……

MOBILE NO OF STUDENT…….……..…….

FATHER MOBILE NO……MOTHER MO. NO.……

(I certify that all the information I have provided above is correct and true. If any information is found to be false, legal action can be taken against me as per rules.)

CARD VALIDITY DATE (For office use only)- March-2031

HoD Sign & Seal with Date **Applicant Signature**