

ADMIT CARD

(To be filled in by candidate)

Affix your recent
passport size
photograph duly
signed across
here

Post Applied for : _____

Roll No. (5digits) : _____

Category: _____

Mobile No. : _____

Examination Centre : **Vardhman Mahavir Medical College Building
VMMC), LT-2 (3rd Floor), Safdarjung Hospital,
New Delhi.**

Date of examination: **29/08/2017**

1. **Name of the Candidate** : _____

2. **Father's/ Husband's
Name** : _____

3. **Address for
Correspondence** : _____

4. **Permanent Address** : _____

5. **Proof of identity
enclosed** : **Voter I-Card**
Aadhar Card
Passport
Driving License

Identity proof Number : _____

Full Signature of the Candidate

(For office use only)

Date	Signature of the Candidate	Signature of the Invigilator

Signature of the Superintendent,
Examination Center.