

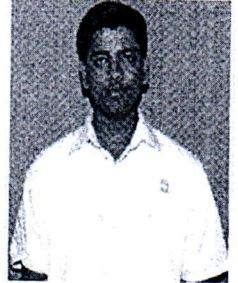


SRI BALAJI VIDYAPEETH UNIVERSITY
MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM , PONDICHERRY

Examination Application Form June 2015

4/24/2015

Institute Mahatma Gandhi Medical College and Research Institute
Course MBBS
Register No. 1401001002
Student Name Arun J
Date of Birth 30-07-1996 Gender Male



Permanent Address :

House/Door No. 40
Street Name South Street
Locality Nadukuppam
City Neyveli
State Tamil Nadu
District Cuddalore

Details of Examinations :

Year of Study	Name of the Subjects
I	Anatomy - I , Anatomy - Practical , Anatomy - II , Physiology - I , Physiology - Practical , Physiology - II , Biochemistry - I , Biochemistry - Practical , Biochemistry - II ,

Payments Details :

Amount	6700	Mode of Payment	DD
Demand Draft No.	902104985	Bank Name	IOB
Demand Draft Date	24-04-2015	Mobile No.	9789070788

I hereby declare that the particulars furnished by me in this application are true.


Signature of the Student



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form June 2016

4/25/2016

Institute Mahatma Gandhi Medical College and Research
Course Institute MBBS
Register No. 1101001142
Student Name Varun Ram R P ✓
Date of Birth 19-05-1994 Gender Male



Permanent Address :

House/Door No A-31 Mvm Nagar
Street Name 4Th Main Street
Locality Dindugul
State Tamil Nadu
District Dindigul

Details of Examinations :

Year of Study	Name of the Subjects
II	Pathology - I, Pathology - Practical, Pathology - II, Microbiology - I, Microbiology - Practical, Microbiology - II, Pharmacology - I, Pharmacology - Practical, Pharmacology - II, Forensic Medicine, Forensic Medicine - Practical,

Payment Details :

Amount	9250	Mode of Payment	DD
Demand Draft No.	008616	Bank Name	idbi bank
Demand Draft Date	20-04-2016	Branch Name	dindigul

I hereby declare that the particulars furnished by me in this application are true.

Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.

Total (28)



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form June 2019

6/3/2019

Institute Mahatma Gandhi Medical College and Research Institute
Course MBBS
Register No. 1401001005
Student Name Ajay Kanna B
Date of Birth 22-03-1997 **Gender** Male



Permanent Address :

House/Door No # 31
Street Name 4
Locality Sridevi Nagar, allapakkam
State Tamil Nadu
District Chennai

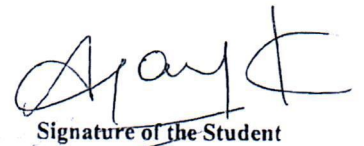
Details of Examinations :


Year of Study	Name of the Subjects
III	Ophthalmology , Ophthalmology - Practical ,

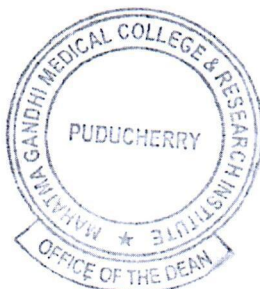
Payment Details :

Amount	2450 ✓	Mode of Payment	DD
Demand Draft No.	486329 ✓	Bank Name	INDIAN BANK
Demand Draft Date	03-06-2019 ✓	Branch Name	KIRUMAMPAKKAM

I hereby declare that the particulars furnished by me in this application are true.


Signature of the Student


VICE PRINCIPAL (CURRICULUM)
MGMC & RI, PUDUCHERRY.



REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



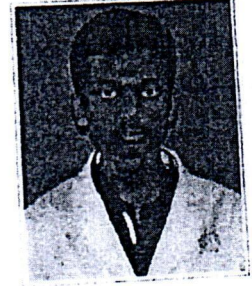
SRI BALAJI VIDYAPEETH UNIVERSITY
MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM ,
PONDICHERRY.

Examination Application Form August 2020

7/20/2020

dddate

Institute Mahatma Gandhi Medical College and Research Institute
Course MBBS
Register No. 1301001087
Student Name Sivaprasad S
Date of Birth 25-11-1995 Gender Male



Permanent Address :

House/Door No 9/75 Siva Nursing Home
Street Name Vks Mani Street
Locality Jolarpet
State Tamil Nadu
District Vellore

Details of Examinations :

Year of Study	Name of the Subjects
IV	Gen. Surgery - I Sec. A , Gen. Surgery - I Sec. B , Gen. Surgery - Practical , Gen. Surgery - II , Obs And Gyn - I , Obs And Gyn - Practical , Obs And Gyn - II ,

Payment Details :

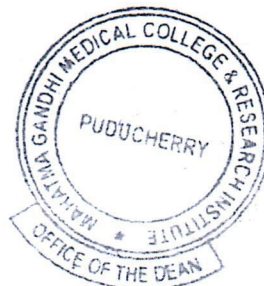
Amount	6850	Mode of Payment	Bank Transaction
UTN No.	2033355643	Bank Name	Indian Bank
Transaction Date	20-07-2020	Branch Name	Indian Bank Main branch, Pondiche

I hereby declare that the particulars furnished by me in this application are true.

Siva Prasad.
Signature of the Student

[Handwritten signature]
22/07/2020

DEAN I/c
Mahatma Gandhi Medical College & Research Institute
Pondicherry - 607 402.



REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM , PONDICHERRY

Examination Application Form June 2015

4/25/2015

Institute Shri Sathya Sai Medical College and Research Institute
Course MBBS
Register No. 1402001046
Student Name Vaisali R
Date of Birth 03-09-1996 Gender Female



Permanent Address :

House/Door No. 7/4
Street Name Alwarpet 3Rd Street
Locality Alwarpet
City City
State Tamil Nadu
District Chennai

Details of Examinations :

Year of Study	Name of the Subjects
I	Anatomy - I , Anatomy - Practical , Anatomy - II , Physiology - I , Physiology - Practical , Physiology - II , Biochemistry - I , Biochemisry - Practical , Biochemistry - II ,

Payments Details :

Amount	6700	Mode of Payment	DD
Demand Draft No.	501067	Bank Name	ICICI Bank
Demand Draft Date	24-04-2015	Mobile No.	9962732076

I hereby declare that the particulars furnished by me in this application are true.

Vaisali

Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



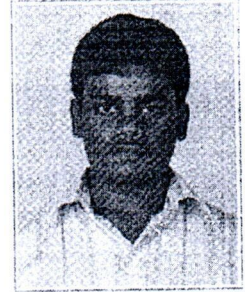
SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM ,
PONDICHERRY.

Examination Application Form June 2016

5/4/2016

Institute Shri Sathya Sai Medical College and Research Institute
Course MBBS
Register No. 1202001040
Student Name Ganesh D
Date of Birth 01-06-1995 **Gender** Male



Permanent Address :

House/Door No No:3/2, Akbarsquare,
Street Name 3Rd Street,
Locality G-K-M. Colony,
State Tamil Nadu
District Chennai

Details of Examinations :

Year of Study	Name of the Subjects
II	Pathology - I , Pathology - Practical , Pathology - II , Microbiology - I , Microbiology - Practical , Microbiology - II , Pharmacology - I , Pharmacology - Practical , Pharmacology - II , Forensic Medicine , Forensic Medicine - Practical ,

Payment Details :

Amount	9250	Mode of Payment	DD
Demand Draft No.	358978	Bank Name	Vijaya Bank
Demand Draft Date	02-05-2016	Branch Name	Kolathur

I hereby declare that the particulars furnished by me in this application are true.


Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT. 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 482.



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form July 2019

7/4/2019

Institute Shri Sathya Sai Medical College and Research Institute
Course MBBS
Register No. 1502001080
Student Name Sharran G.a
Date of Birth 12-11-1997 **Gender** Male



Permanent Address :

House/Door No Plot No: 5, Raman Nagar
Street Name South Extn,
Locality Puthur
State Tamil Nadu
District Trichy

Details of Examinations :

Year of Study	Name of the Subjects
II	Pathology - I , Pathology - Practical , Pathology - II , Microbiology - I , Microbiology - Practical , Microbiology - II , Pharmacology - I , Pharmacology - Practical , Pharmacology - II , Forensic Medicine , Forensic Medicine - Practical ,

Payment Details :

Amount	11450	Mode of Payment	DD
Demand Draft No.	797806	Bank Name	State Bank
Demand Draft Date	04-07-2019	Branch Name	Tiruporur

I hereby declare that the particulars furnished by me in this application are true.


Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM ,
PONDICHERRY.

Examination Application Form August 2020

7/18/2020

dddate

Institute Shri Sathya Sai Medical College and Research Institute
Course MBBS
Register No. 1402001064
Student Name Swathi B
Date of Birth 20-08-1996 **Gender** Female



Permanent Address :

House/Door No D18
Street Name Palar Road
Locality Neyveli
State Tamil Nadu
District Cuddalore

Details of Examinations :

Year of Study	Name of the Subjects
IV	Gen. Medicine - I, Gen. Medicine - Practical, Gen. Medicine - II, Obs And Gyn - I, Obs And Gyn - Practical, Obs And Gyn - II,

Payment Details :

Amount	6850 ✓	Mode of Payment	DD
Demand Draft No.	504179 ✓	Bank Name	ICICI BANK
Demand Draft Date	18-07-2020 ✓	Branch Name	NEYVELI

I hereby declare that the particulars furnished by me in this application are true.

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.

Signature of the Student



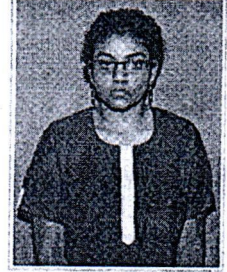
SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM, PONDICHERRY

Examination Application Form July 2015

6/2/2015

Institute Indira Gandhi Institute of Dental Science
Course B.D.S
Register No. 1404001003
Student Name Sowbarnika Harikrishnan
Date of Birth 08-09-1996 **Gender** Female



Permanent Address :

House/Door No. Room No -7 , Bds Hostel
Street Name Mahatma Gandhi Campus
Locality Pillayaruppam
City Pondicherry
State Pondicherry
District Pondicherry

Details of Examinations :

Year of Study	Name of the Subjects
I	Anatomy , Anat. - Practical , Physiology , Physio. - Practical , Biochemistry , Biochem. - Practical , O. Anatomy , O anat. - Practical ,

Payments Details :

Amount	5500	Mode of Payment	DD
Demand Draft No.	901929365	Bank Name	Indian Overseas Bank
Demand Draft Date	02-06-2015	Mobile No.	9788741143

I hereby declare that the particulars furnished by me in this application are true.

Sowbarnika
Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM ,
PONDICHERRY.

Examination Application Form July 2016

5/25/2016

Institute Indira Gandhi Institute of Dental Science
Course B.D.S
Register No. 1404001007
Student Name Narmatha S
Date of Birth 12-08-1997 Gender Female



Permanent Address :

House/Door No 2\169
Street Name Sivan Kovil Street
Locality Thiruthuraipoondi
State Tamil Nadu
District Thiruvavur

Details of Examinations :

Year of Study	Name of the Subjects
II	Pharmacology , Pharm. - Practical , G pathology , G path. - Practical , Microbiology , Micro. b - Practical , D.Material , DM - Practical , PCP - Practical , PCC - Practical

Payment Details :

Amount	8050	Mode of Payment	DD
Demand Draft No.	326250	Bank Name	Lakshmi Vilas Bank
Demand Draft Date	24-05-2016	Branch Name	Tiruthuraipoondi

I hereby declare that the particulars furnished by me in this application are true.


Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM ,
PONDICHERRY.

Examination Application Form July 2019

6/14/2019

Institute Indira Gandhi Institute of Dental Science
Course B.D.S
Register No. 1604001009
Student Name Subitcha
Date of Birth 16-02-1999 Gender Female



Permanent Address :

House/Door No Plot No. 20
Street Name Ss Nagar
Locality Thirunallar
State Pondicherry
District Karaikal

Details of Examinations :

Year of Study	Name of the Subjects
III	G. Medicine , G med. - Practical , G. Surgery , G surg. - Practical , O. Pathology , O path. - Practical ,

Payment Details :

Amount	5350 ✓	Mode of Payment	DD
Demand Draft No.	133699 ✓	Bank Name	Indian Bank
Demand Draft Date	13-06-2019 ✓	Branch Name	NAGAPATTINAM

I hereby declare that the particulars furnished by me in this application are true.

Subitcha .K
Signature of the Student

REGISTERED
SRI BALAJI VIDYAPEETH
(Deemed University under UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



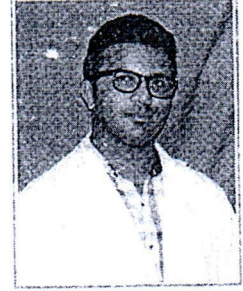
SRI BALAJI VIDYAPEETH UNIVERSITY
MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form November 2020

10/14/2020

dddate

Institute Indira Gandhi Institute of Dental Science
Course B.D.S
Register No. 1604001043
Student Name Praveen
Date of Birth 01-06-1999 **Gender** Male



Permanent Address :

House/Door No No:52
Street Name Thendral Nagar
Locality 3rd Cross
State Pondicherry
District Puducherry

Details of Examinations :

Year of Study	Name of the Subjects
IV	PHD , PHD - Practical , Perio. , Perio. - Practical , Ortho. , Ortho. - Practical , OMR , OMR - Practical , O.S , OS - Practical , Cons. , Cons. - Practical , Pros. , Pros. - Practical , Pedo. , Pedo. - Practical ,

Payment Details :

Amount	14350	Mode of Payment	DD
Demand Draft No.	10L115453	Bank Name	Tamilnad Mercantile Bank
Demand Draft Date	13-10-2020	Branch Name	Pondicherry

I hereby declare that the particulars furnished by me in this application are true.

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.

S. Praveen
Signature of the Student



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS , PILLAIYARKUPPAM , PONDICHERRY

Examination Application Form August 2015

7/2/2015

Institute Kasturba Gandhi Nursing College
Course B.Sc(N)
Register No. 1403001003
Student Name Abinaya M
Date of Birth 02-03-1997 Gender Female



Permanent Address :

House/Door No. 72
Street Name Manickavasagar Street
Locality Sudhana Nagar Ext 3, Nainarmandapam
City Pondicherry
State Pondicherry
District Pondicherry

Details of Examinations :

Year of Study	Name of the Subjects
1	Anatomy & Physiology - Sec. A , Anatomy & Physiology - Sec. B , Nutrition & Biochemistry - Sec. A , Nutrition & Biochemistry - Sec. B , Nursing Foundation , Nursing Foundation - Practical , Psychology , Microbiology , English .

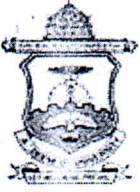
Payments Details :

Amount	5450	Mode of Payment	DD
Demand Draft No.	568514	Bank Name	UNION BANK OF INDA
Demand Draft Date	01-07-2015	Mobile No.	8903491855

I hereby declare that the particulars furnished by me in this application are true.

M. Abinaya
Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s MGC ACT, 1956)
Accredited by NAAC 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form August 2016

6/24/2016

Institute Kasturba Gandhi Nursing College
Course B.Sc(N)
Register No. 1403001004
Student Name Anitha J
Date of Birth 14-05-1997 Gender Female



Permanent Address :

House/Door No 101
Street Name Mariyamman Kovil Street
Locality N.R.Palayam
State Pondicherry
District Pondicherry

Details of Examinations :

Year of Study	Name of the Subjects
II	Sociology , Medical - Surgical Nursing - I , Medical - Surgical Nursing - I Practical , Pharmacology , Pathology & Genetics - Sec. A , Pharmacology , Pathology & Genetics - Sec. B , Pharmacology , Pathology & Genetics - Sec. C , Community Health Nursing - I ,

Payment Details :

Amount	4100	Mode of Payment	DD
Demand Draft No.	545892	Bank Name	STATE BANK OF INDIA
Demand Draft Date	23-06-2016	Branch Name	ARIYANKUPPAM

I hereby declare that the particulars furnished by me in this application are true.

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.

J. Anitha.
Signature of the Student



SRI BALAJI VIDYAPEETH UNIVERSITY

MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form August 2019

7/15/2019

Institute Kasturba Gandhi Nursing College
Course B.Sc(N)
Register No. 1603001002
Student Name Abinaya
Date of Birth 03-12-1998 Gender Female



Permanent Address :

House/Door No No: 83
Street Name East Street
Locality Bahour
State Pondicherry
District Puducherry

Details of Examinations :

Year of Study	Name of the Subjects
III	Medical - Surgical Nursing - II , Medical - Surgical Nursing - II Practical , Child Health Nursing , Child Health Nursing - Practical , Mental Health Nursing , Mental Health Nursing - Practical , Nursing Research , Statistics ,

Payment Details :

Amount	5300 /	Mode of Payment	DD
Demand Draft No.	748843	Bank Name	State Bank of India
Demand Draft Date	12-07-2019	Branch Name	Manapet

I hereby declare that the particulars furnished by me in this application are true.

Abinaya A.
Signature of the Student

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.



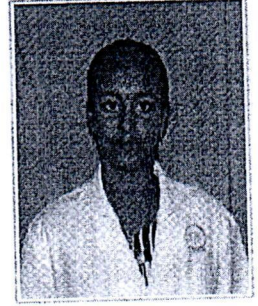
SRI BALAJI VIDYAPEETH UNIVERSITY
MAHATMA GANDHI MEDICAL COLLEGE CAMPUS, PILLAIYARKUPPAM,
PONDICHERRY.

Examination Application Form September 2020

9/7/2020

dddate

Institute Kasturba Gandhi Nursing College
Course B.Sc(N)
Register No. 1403001071
Student Name Rajeswari V
Date of Birth 17-07-1997 Gender Female



Permanent Address :

House/Door No 1
Street Name Matha Battery
Locality G.H Road
State Tamil Nadu
District Cuddalore

Details of Examinations :

Year of Study	Name of the Subjects
IV	Midwifery & Obstetrical Nursing , Midwifery & Obstetrical Nursing - Practical , Community Health Nursing - II , Community Health Nursing - II - Practical , Management of Nursing Services & Education , Communication & Education Technology ,

Payment Details :

Amount	5300	Mode of Payment	DD
Demand Draft No.	613744	Bank Name	INDIAN BANK
Demand Draft Date	03-09-2020	Branch Name	CUDDALORE

I hereby declare that the particulars furnished by me in this application are true.

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.

V. Rajeswari
Signature of the Student