

# PGMED Test Series 2014-15

## Personal Details

Name:

Age:

Sex:  M  F

Date of Birth:     
(DD/MM/YY)

Father's/Husband's Name:

Communication Address:

\_\_\_\_\_  
\_\_\_\_\_

Pincode: \_\_\_\_\_

Phone (STD Code): \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email ID: \_\_\_\_\_

## Academic Details

Qualification: \_\_\_\_\_

College/University of Study: \_\_\_\_\_

Year of Passing Out: \_\_\_\_\_

## Service Details

Are you in Tamilnadu Govt. Service? Yes/No

If Yes, Office Address: \_\_\_\_\_

## Payment Details

Demand Draft in favour of PGMED MEDICAL COACHING CENTRE payable at CHENNAI

For the amount: Rs. \_\_\_\_\_ DD No.: \_\_\_\_\_ Dated: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Registration form along with the Registration Fees as Demand Draft to be sent by post to  
"PGMED Medical Coaching Centre, No.47, Madipakkam Main Road, Chennai - 600091"

Send SMS as < PGMED TESTS> space <Ur Name> to 98417 05222 / 96298 28800

**Call PGMED Helpline: 96298 28800 / 98417 05222**