

STUDENT REGISTRATION

IUHS MBBS PROGRAM



**International University of The Health Sciences
St. Kitts**

International University of the Health Sciences School of Medicine

STUDENT REGISTRATION IUHS MBBS PROGRAM

Application for admission to : Year: Month:

Training opted from : Preclinical : Clinical :

PERSONAL INFORMATION

Legal name :
Last Name First Name Middle Name

Date of Birth : Place of Birth :
Month Day Year City Country

Country of Citizenship

Passport details (enclose a copy) :

Gender Male Female

Educational Qualification :

Permanent Address :

City State / Province

Country Zip / Postal code

Mailing Address if different :

City State / Province

Country Zip / Postal code

Tel: Fax: E-mail:

ACADEMIC DETAILS

List of all Under Graduate and Graduate level work, including Colleges, Universities and Professional Schools attended.

NAME OF INSTITUTION	DATE OF ATTENDANCE	FIELD OF STUDY	DEGREE AWARDED	TOTAL MARKS / GRADE

Name of the guardian:

Address:

City: State / Province:

Country: Zip / Postal code:

Tel: Fax: E-mail:

FINANCIAL PLAN

Payment to the Institute can be effected in the following manner.

Cheque or Bank Draft in favour of Universal Empire Institute of Medical Sciences Pvt. Ltd., payable at Emakulam.

TOTAL TUITION FEE COMMITTED:

PRESENT PAYMENT DETAILS

CHEQUE / BANK DRAFT NO.	DATED	AMOUNT

PAYMENT OF FUTURE INSTALLMENTS (if any):

AMOUNT TO BE PAID	DATE(s)	MODE OF PAYMENT

CAUTION DEPOSIT DETAILS

CHEQUE / BANK DRAFT NO.	DATED	AMOUNT

I hereby state that the details filled above are true to the best of my knowledge and the financial plan committed by me shall under no circumstances be defaulted. I am also aware that my admission as a student of the Institute is subject to the rules and regulations as stated in this application form.

Passport size
photograph of
the student

Signature of the Candidate