



**DHAKA CENTRAL
INTERNATIONAL
MEDICAL COLLEGE**

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Name: _____

Father Name: _____

Address: _____

City: _____ State _____ Pincode: _____

Email: _____ Phone Number _____

Whatsapp Number _____ Passport No: _____

Aadhaar Card No _____

Best Of 5 Marks in Class X

Best Of 5 Marks in Class X									
FM	OM	FM	OM	FM	OM	FM	OM	FM	OM

Marks in Class XII

Marks in Class XII					
Physics		Chemistry		Biology	
FM	OM	FM	OM	FM	OM

Class XII Year Of Passing :

Neet Appeared:

Neet Score :