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| --- |
| ALLOTED COURSE |
|  |
| Date of Admission |  |

 GOVERNMENT OF WEST BENGAL

 OFFICE OF THE PRINCIPAL

 MEDICAL COLLEGE, KOLKATA

**APPLICATION FORM FOR ADMISSION TO POST GRADUATE MEDICAL DEGREE/DIPLOMA/DM/ Mch/ COURSE, 20\_\_\_\_ - 20\_\_\_\_**

1.Name in full (**Capital** **Letter**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Caste \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Permanent Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mobile NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Local Address (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Father’s/Mother’s/Husband’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Whether in Service (with sponsorship of Dept. of Health & F.W , Govt. of West Bengal) - Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes give details(No. & Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Curriculum Vitae prior to admission toPost Graduate Medical Degree/Diploma/Dm/ Mch/ Course:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the university with Registration no for MBBS Course | Name of the Institution | MBBS  | Marks obtained/ Percentagewith total No. of appearing | Pass out year | Internship duration \Institution | Degree/Diploma confirmed authority with confirmation date |
|  |  | 1ST PROFESSIONAL |  |  |  |  |  |  |
| 2ND PROFESSIONAL  |  |  |  |
| 3RD PROFESSTIONAL PART - I |  |  |  |
| 3RD PROFESSTIONAL PART - II |  |  |  |
| For Post Graduation | Name of the PG course |  |  |  |  | XXXX |  |
|  |  |  |

9. Permanent Medical Registration No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Medical Council\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Details of Entrance Examination:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| . Name of the Entrance Exam | Testing ID/Roll No of Entrance Exam | Total Marks of Entrance Exam | Marks Obtained in Entrance Exam | Percentile of Marks | NEET(SS) Rank | Allotted Category with Rank (AIR) |
|  |  |  |  |  |  |  |

11. Whether Physically Handicapped as per NEET Guideline – YES/ NO\_\_\_\_\_\_\_\_\_\_\_\_If yes – PH1/PH2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. Whether want to upgrade in subsequent round: YES / NO/N.A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the above statements given by me are true. I hereby agree to confirm to the rules and regulations at present in force or that may hereafter be made by the Govt. For colleges, and I undertake that so long as I am a student of the college will do nothing either inside or outside the college that will interfere with its Govt. And Discipline.

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

 Date : (Signature of the applicant)