ALLOTED COURSE								
Date								

GOVERNMENT OF WEST BENGAL OFFICE OF THE PRINCIPAL MEDICAL COLLEGE, KOLKATA

ADMISSION FORM FOR POST GRADUATE MEDICAL DEGREE/DIPLOMA COURSE, 2020

1.Name in full	(Capital Letter)								
2. Date of birt	h			Ger	ıder	r				
3. Caste (UR/SC/ST/OBC), Nationality										
4. Permanent	Residential Add	dress								
Mobile NO			E-mail							
			name							
7. Whether in	Service (with s	pons	orship of Dept. of	Health & F.W,	Gov	t. of West B	enga	al) - Ye	s/No	
If yes give det	ails(No. & Date)								
8. Curriculum	Vitae prior to a	dmis	sion to Post Grad	luate Medical De	egre	e/Diploma,	/Dm,	/ Mch/	Course:	
Name of the	e of the MBBS Course Marks obtained/			ined/	Pas	s out	Internship	Degree/Diploi		
university	Name of the Percentage				,	year		duration	a confirmed	
with	Institution			with tot	al N	lo. of		, \Ins		authority with
Registration				арре	arir	ng			n	confirmation
no for MBBS										date
Course		1 ST	PROFESSIONAL							
		2 ND	PROFESSIONAL							
		3 RD	PROFESSTIONAL							
		PAF	RT - I							
			PROFESSTIONAL							
		PAF	RT - II							
9 Permanent	Medical Regist	ratio	n No			Year				
	_									
	Entrance Exami									
. Name of the	Roll No of		Total Marks of	Marks		Percentile o	of	NEET	(PG)	Allotted
Entrance Exar	Entrance Exam		Entrance Exam	Obtained in Entrance Exam		Marks	Rank		, ,	Category
										with Rank
										(AIR)
NEET										
11. Date of int	ernship: From		to							
	•		ed (PWD) as per I			S/ NO				
			ubsequent round:							
			f original docume							
	•		_							
I hereby certif	y that the abov	e sta	tements given by	me are true. I h	ere	by agree to	conf	irm to	the rules an	d regulations at
present in for	ce or that may l	nerea	after be made by t	he Govt. For co	lleg	es, and I un	derta	ke tha	t so long as	I am a student
of the college	will do nothing	eith	er inside or outsid	e the college th	at v	vill interfere	e wit	h its G	ovt. And Dis	cipline.
			6.1							
i also declare	tnat i have kept	the	scan copy of depo	osited original do	ocui	ments for fu	iture	use.		
							_			
Date :								(Signa	ture of the	applicant)