



**Note:** Please fill in each column in your own handwriting, put tick mark ( ✓ ) wherever necessary and strike off the portion not applicable. Incomplete application forms will be **rejected summarily**.

1 a) Name of the candidate : .....  
(IN BLOCK LETTERS)

b) Expand the initials : .....

c) Communication Address : .....  
with Pin code  
.....  
.....

d) Permanent Address : .....  
with Pin code  
.....  
.....

e) Phone No. with STD code Residence : .....  
Mobile : .....

2 a) Father's Name & Occupation : .....

b) Mother's Name & Occupation : .....

3 Sex  Male  Female

4 Date of birth and age : .....

5 Place of birth, District and State : .....

6 a) Nationality and Religion : .....

b) Community 

SC	ST	OBC	OTHERS
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c) Sub-Caste Name : .....

7 PG Qualifying / NEET Exam

HT No: .....

Rank: .....

Percentile: .....

8 a) Qualifying exam MBBS / Equivalent  
Name & address of the College

: .....

: .....

: .....

b) Whether the Medical College is:  
recognized by MCI

Recognized

Not Recognized

9 Marks secured in MBBS / Equivalent Degree Course

Course	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing
I MBBS				
II MBBS				
FINAL MBBS PART-I				
FINAL MBBS PART-II				
<b>GRAND TOTAL</b>				

10 Period during which Internship was completed:

From .....

To .....

Details of State Medical Council Permanent Registration:

11 State .....

Regn. No. & Date .....

Declaration by the candidate

I declare that the information furnished above by me herein is true and correct. In case of any information furnished herein is found to be incorrect, I agree to forego my claim for admission and I shall be liable to make good financial loss incurred by the institution on this account.

Place:

Date:

Signature of the Candidate

## **List of documents to be submitted in originals and 2 sets of attested xerox copies**

- **SSC Certificate / Date of Birth Certificate**
- **MBBS / Equivalent Degree Certificate**
- PG Diploma Certificate (If applicable)
- **All Years / Consolidated Marks Statement of MBBS / Equivalent**
- Study & Conduct Certificate of MBBS / Equivalent
- Attempt Certificate MBBS / Equivalent
- **Permanent Registration from State Medical Council**
- **Internship Completion Certificate should be on or before 31st Mar 2019**
- Transfer Certificate
- Caste Certificate
- Migration Certificate (if applicable)
- Aadhaar Card & PAN Card - Xerox Copy

### **For Service Candidate(s) additionally:**

- DMHO Relieving order
- Director of Public Health and Family Welfare
- Office of the Medical Officer