

Nizam's Institute of Medical Sciences

(A University Established Under the State Act)

Panjagutta :: Hyderabad - 500082



Application Form for Admission to Super Speciality Courses - 2014

Registration Number

(to be filled by the Office)

1. Hard copy of the application form must be submitted.
2. Read page no.6 of the prospectus for details of the application procedure.
3. Fill in all the columns using Drop Boxes wherever provided.
4. Print the form and review all the Data. Sign, attach a Passport size Photograph and submit the form in person or by post along with all the documents mentioned in the prospectus so as to reach Associate Dean, Aptitude Testing, 2nd Floor, Old OPD Block, Nizam's Institute of Medical Sciences, Panjagutta, Hyderabad - 500082 before 5.00 P.M. on 03-05-2014.
5. The application form has to be accompanied by a Demand Draft favouring Director, NIMS or NIMS Cash Receipt for Rs.2,000/-

Affix self attested
latest passport
size

Signature

Course Applied

Family Name

Name

Sex

Date of Birth

Place of Birth

Address for Communication:-

Line 1

Line 2

Line 3

Town / City

Pin Code

Phone Number

Mobile Number

E-mail Address
(mandatory)

| | | | |
|---|----------------------|-------------------|---|
| Father's Name | <input type="text"/> | | |
| Mother's Name | <input type="text"/> | | |
| Identification Mark - 1 | <input type="text"/> | | |
| Identification Mark - 2 | <input type="text"/> | | |
| Medical Registration Number | <input type="text"/> | | |
| Name of the Medical Council | <input type="text"/> | | |
| University Area | <input type="text"/> | In-service Status | <input type="text"/> |
| Number of Post Graduate Attempts | <input type="text"/> | | |
| Total Marks Obtained in Final MBBS (Part-I+Part-II) | <input type="text"/> | Out of | <input type="text"/> Average <input type="text"/> |
| Total Marks Obtained in Medicine in MBBS | <input type="text"/> | Out of | <input type="text"/> |
| Total Marks Obtained in Surgery in MBBS | <input type="text"/> | Out of | <input type="text"/> |
| Date / Expected date of Completion of Post Graduate Course | <input type="text"/> | | |
| Mode of Payment | <input type="text"/> | Amount | Rs. <input type="text"/> |
| Demand Draft / NIMS Cash Receipt Number | <input type="text"/> | | |
| Demand Draft / NIMS Cash Receipt Date | <input type="text"/> | | |
| Name of the Bank | <input type="text"/> | | |
| Name of the Branch (Type "NIMS" if paid at NIMS cash counter) | <input type="text"/> | | |

DECLARATION OF THE CANDIDATE :-

I declare that the particulars given above are correct. I agree to abide by the admission prospectus issued by the Institute. I also declare that in the event that information provided is incorrect or false, I may be prosecuted as per law.

Date

Signature

