

ENTRANCE TEST FOR POST GRADUATE MEDICAL COURSES (2014)
PONDICHERRY INSTITUTE OF MEDICAL SCIENCES
(A Christian Minority Institution)

Application No.

Registration

No.

(For Office use)

**APPLICATION FOR ADMISSION TO
POST- GRADUATE DEGREE -2014**

Affix here recent
passport size
photo duly
attested

1. Name of the Applicant :

(in BLOCK LETTERS)

(as in School Certificate)

2. Date of Birth :

Age as on 31.12.2013:

Place of Birth :

District :

Nationality :

Native State:

3. Sex :

4. Religion

5. Name of Father / Guardian :

(if father not alive)

Occupation and Annual Income :

6. (A) Permanent Address :

(b) Address to which all
communications are to be sent:

PIN:

Phone :

Mobile:

E mail id

PIN:

Phone:

Mobile:

7. Applicant belongs to (tick appropriate box):

OC
☐

BC
☐

MBC
☐

SC
☐

ST
☐

8. Qualifying examination passed

Degree	Years of Admission	Date of Commencement of CRRI	Date of completion of CRRI	Name of the College
MBBS				
Any PG Diploma				

(Attested photo copy of Degree Certificate & attested copies of Statements of Marks of all Examinations during MBBS / PG Course to be enclosed)

MBBS	Marks	Month - Year					Marks Obtained - out of					% of marks				
First Year																
Second Year																
Third Year																
Fourth Year																

Courses Applied for

MD	MS

MD Courses: General Medicine, Obstetrics & Gynaecology, Paediatrics, Anesthesiology, Dermatology, Psychiatry, Radio-Diagnosis, Pulmonary Medicine, Anatomy, Physiology, Biochemistry. Pharmacology, Pathology, Microbiology, Community Medicine

MS Courses : General Surgery, Orthopaedics, ENT & Ophthalmology.

Eligibility Criteria:

Applicants should have passed their **MBBS** from an institution recognized by MCI and affiliated University and must have completed / completing their internship by 30th May 2014.

9. Details of Demand Draft/ Cash paid towards

Exam Fee:

Amount:	Bank:
D.D.NO:	Date:

CHECK LIST

Put a Tick mark in the relevant box:-

- | | | |
|------|--|--------------------------|
| i) | Attested copy of Age Certificate (S.S.C. Etc.) enclosed | <input type="checkbox"/> |
| ii) | Attested consolidated statement of MBBS marks from I to IV MBBS | <input type="checkbox"/> |
| iii) | Attested copy of Nationality Certificate | <input type="checkbox"/> |
| iv) | Attested copy of Caste Certificate / TC / Conduct Certificate | <input type="checkbox"/> |
| v) | C.R.R. I completion Certificate | <input type="checkbox"/> |
| vi) | M.B.B.S Degree / Provisional Pass Certificate issued by the University | <input type="checkbox"/> |
| vii) | Certificate from the Head of the Parent Institution for M.B.B.S Programme, authenticating its MCI Recognition. | <input type="checkbox"/> |

Note: Original certificates must be surrendered during admission.

Place:

Date:

Signature of the Applicant

DECLARATION

I _____ do hereby solemnly and sincerely affirm that the statement made and information furnished in my application form as also in all the enclosures thereto submitted by me are true.

Signature of the Applicant