

Roll No. _____

(To be assigned by office)

1

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH - 160012**

SELECTION OF CANDIDATE FOR MD/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEALTH SCIENCES) COURSES

(To be filled up by the candidate only)

Session: January-2013

ADMIT CARD

Roll No.

(For office use)

1. Category_____

2. Examination Centre: Chandigarh

3. Name of the Candidate_____

4. Specimen signature of the candidate_____

Please paste
here a
Passport size
coloured
photograph with name
& date attested by the
Gazetted Officer

The photograph along with the specimen signature as affixed thereon to the application for MD/MS, DM/M.Ch.,MHA, House Job (Oral Health Sciences) mentioned above.

REGISTRAR

Postgraduate Institute of Medical
Education & Research, Chandigarh.

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH - 160012**

SELECTION OF CANDIDATE FOR MD/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEALTH SCIENCES) COURSES

Candidate's Attendance Sheet

(To be filled up by the candidate only)

Session: January-2013

Roll No.

(For office use)

1. Category_____

2. Examination Centre: Chandigarh

3. Name of the Candidate_____

4. Specimen signature of the candidate_____

Please paste
here a
Passport size
coloured
photograph with name
& date attested by the
Gazetted Officer

(Nothing to be written below this line by candidate) to be filled up in the Examination Center only

Date and Time

Signature of Candidate
(to be signed in Examination Hall)

Signature of Invigilator

16. Address :

A) Permanent Address : _____ _____ _____	B) Corresponding Address : _____ _____ _____
Contact Telephone No. with STD Code _____	Contact Telephone No. with STD Code _____
Mobile No.: _____	Mobile No.: _____
E-mail: _____	E-mail: _____

17. Do you belong to Scheduled Cast/Tribe/OBC? : _____

If yes, state your Cast and religion (Attach proof) mandatory for OPH & R.A. category

18. Married or Unmarried : _____

(If married, wife/husband name and occupation)

19. Nationality : _____

***20. Are you doing/have done MD/MS, if yes, in which subject** : _____

21. State/Union Territory to which you belong : _____

22. Are you employed if yes, give the following details :

a) **Date of Joining as regular service** : _____

b) **Nature of job (Permanent/Contractual)** : _____

c) **Name of the Institution/Hospital Govt./ Semi Govt./ Pvt.** : _____

d) **Designation** : _____

e) **Pay Scale** : _____

f) **Name of employer** : _____

23. Are you being sponsored/deputed by your employer? if sponsored, the application must be accompanied with sponsorship, deputation certificate in the form printed at Annexure 'D' : _____

24. Have you any contact person/guardian in Chandigarh. If so, mention his/her address Telephone No., If any. : _____

INTERNSHIP CERTIFICATE

(To be submitted by the candidate whose Internship is complete or likely to be completed by 30th June/31st Dec for July & Jan session respectively.)

Certified that Dr. _____ has undergone/presently been undergoing 12 -months compulsory Rotating Internship Training at _____ college which started on _____ and has completed or is likely to be completed on _____

Place : _____

Date : _____

Signature & Seal of Dean/Registrar/Principal/
Medical Superintendent of the Institution from
where the candidate or is undergoing internship.

*** If you are doing/done MD/MS, you are not eligible for applying for MD/MS course. Please refer to the Point '9' of General information of the Prospectus.**

DECLARATION BY CANDIDATE

1. I hereby declare that the application has been filled in my own handwriting and all statements made in it are true, complete, and correct to the best of my knowledge and belief and nothing has been concealed. In the event of any statement being found false or incorrect or any ineligibility being detected before or after the selection, action as such removal of my name from the rolls and / or other action as may be considered necessary can be taken against me.
2. I also declare that I have carefully read the contents of the Prospectus in respect of the course applied for by me and undertake to abide by the provision contained therein.
3. I further declare that I fulfil all the eligibility conditions regarding educational qualification, experience etc. prescribed by the Institute for admission to the course applied for by me.
4. If selected :
 - (a) I agree to work on whole time basis:
 - (b) I shall not engage myself in private practice or part time job during the period.
 - (c) I shall not draw any pay, fellowship or any kind of monetary assistance from any other sources, if I am allowed emoluments by the Institute.

Place _____

(_____)

Date _____

Signature of the applicant

DECLARATION BY THE FATHER/GUARDIAN OF THE APPLICANT

I hereby declare that I shall be responsible for timely payment of all dues payable to the Postgraduate Institute of Medical Education & Research, Chandigarh in respect of my son/daughter/ward(name _____) during the period of his/her stay at the institute and until their dues are cleared.

Address _____

(_____)

Signature

Relationship to the applicant)

ENDORSEMENT BY THE EMPLOYER, IF THE APPLICANT IS IN SERVICE

No.....

Date

Forwarded to the REGISTRAR, Postgraduate Institute of Medical Education and Research, Chandigarh for consideration. The undersigned has no objection to the applicant of Dr. _____ being considered by the Institute for the course applied for by him/her and if selected, he/she will be relieved within, the prescribed time limit. The applicant is "sponsored /deputed or not sponsored /deputed by us and the sponsorship/deputation - certificate is enclosed.

Address _____

Signature of employer

with official seal

*Strike out whichever is not applicable

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I.....son/daughter of Shri.....
.....resident of village/town/city.....
district.....state.....
(certificate enclosed) hereby declare that I belong to thecommunity which is recognized as a backward class by the Govt. of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Esstt(SCT) dated 8-9-1993. It is also declared that I do not belong to the persons/sections (creamy layer) mentioned in column 3 of OM NO. 36012/22/93-Esstt (SCT) dated 08-09-1993 and modified vide Govt. of India Department of Personnel and Training OM NO. 36033/3/2004-Esstt (Res) dated 09-03-2004

Place

(Signature of applicant)

Date

(in running handwriting)

Note:- The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for assuming that the candidate does not fall in the creamy layer. The OBC Certificate submitted by the candidate shall be issued by the Competent Authority within one year of the last date of submission of application.

**APPLICATION MUST BE TAGGED PROPERLY & ALL THE ENCLOSURES MUST ACCOMPANY
THE APPLICATION IN SEQUENCE AS PER THE ENCLOSURE LIST GIVEN BELOW**

Please stapled
three extra
Passport size
coloured
photographs here

Documents

Enclosure No.

1. Attested copy of Matriculation / Higher Secondary Certificate Showing Date of Birth _____
2. Attested copy of Certificate of passing MD/MS/MBBS/BDS/MSc./ MA/ M Pharma examination _____
3. Attested copy of detailed marksheets of MBBS (all semester) _____
4. Internship completion certificate (who possesses MBBS/BDS Qualification) _____
5. Attested copy of Certificate of permanent Registration with Central / State Medical Registration Council / Dental Council of India _____
6. Attested copies of following Certificates
(See performas in Prospectus) whatever applicable _____
 i) Caste Certificate in Prescribed Form
 SC/ST (Annexure 'A' (in Hindi or English Version only)
 ii) Fresh (should be issued within one year) OBC Certificate (Annexure 'B')
 iii) Rural Area Certificate (Annexure 'C')
 iv) Sponsorship Certificate (Annexure 'D')
 v) OPH Certificate (showing the percentage of disability)
7. Two self addressed envelopes of size 10x23 cms. Rs. 10/- Postage stamp on each envelope for use by this office for sending interview letter etc. _____
8. Attach a copy of Challan Form _____

MD/MS,House Job/MHA (for General/OBC/OPH candidates)	:	1000/-
MD/MS/House Job/MHA (for SC/ST candidates)	:	800/-
DM/M.Ch. (For all Category)	:	1000/-

IMPORTANT NOTE

In case any candidate is found to have supplied false information of certificate etc. or is found to have concealed or withheld some information in his/her application form, He/she shall be debarred from admission.

Any other action that may be considered appropriate by the Director of the Institute may also be taken against him/her which may include criminal prosecution.

Date _____

Place _____

No. of Enclosures : _____

Signature of the Candidate