SESSION: January-2013

COMPUTER FORM

APPLICATION/REFERENCE NO	
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POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH APPLICATION FOR ADMISSION IN MD/MS/ DM/M.CH/HOUSE JOB ORAL HEALTH SCIENCES/MHA COURSES								
Challan/INB Ref. No. IMPORTANT INSTRUCTIONS:1. Please read the prospectus and the instructions given in prospectus carefully before filling this form. 2; Use blue or black ball pen for filling this form. 3. Tick () in the appropriate box against columns 1, 2, 6, 7, 10 d. The change of category at any stage will not be permitted. (To be assigned by office)								
1. Course applying for (only one) (Tick (>) in the appropriate MD/MS MHA DM M.Ch House	·	y Schedule OBC Caste			/ Sponsored/ Foreign d Deputed National			
	(Note : The C	Change of category at	any stage will not	be permitted, tick onl	y in one box)			
3. Subject Choice (To be filled by DM/M.Ch).	The Foreign National (N	MD/MS) candidates n	may fillup three ch	oices.				
4. Full Name of applicant (IN CAPITAL LETTERS& AS PER MA	TRICULATION CERTII	FICATE). Please	don't write Dr./M	Mr./Mrs./Ms. before	names.	٦		
5. a) Father's/Husband's Name (In CAPITAL Letters)						7		
b) Mother's Name (In CAPITAL Letters)						7		
Address For Communication (Please do not Repeat your nam	ne and father's name)]		
The second of th	io and rather o name					7		
		City						
Pin Code Phone No.			Mobile No	D.		_		
6. Sex 7. Nationality 8. Date of Birth				Have you already of Degree/House Job	done or doing any PG ? YES NO)		
Male Female Indian Others Date	Month	Year		(To be filled by the application of the state of the stat	ants			
10. (a) Name of the Institution/University from which examination passed	(d) Qualifying Exar (✓) in the propri	ate box		Dject/Discipline in le filled in by DM/M.Ch.	PG degree course . Candidates only)			
(b) Month & Year of Admission	MBBS BDS M	Eqiv. ISc to MSc MD	MS]		
MONTH YEAR] —		
(c) Month & Year of passsing the examination	(e) Total Marks in Maximum Marks	1st+2nd+3rd (4th, i		Percer				
MONTH YEAR TO THE H T O								
11. (a). Date of starting Internship	(b) Date / Expe	ected date of comp	letion of Interns	hip	(c) No. of days			
Date Month Year	Date	Month	Year					
12. Medical / Dental Registration No. a) Permanent b) Provisional			13.) Date of Re	egistration				
3,1.6000000			D D	M M	Y Y Y Y			
	Declara							
I have carefully read the instructions given in the prospectus & I hereby solemnly/sincerely affirm that the statements made and the information furnished by me in the application form are true and correct. If it is found to be incorrected, fraudulent or untrue, I am liable for criminal prosecution and my selection/admission to the course is liable to be cancelled.								
Date:					OF THE CANDIDATE			

Any deviation or discrepancy between actual appearance at the time of examination and facial appearance in the photograph pasted on the application will make the candidate liable for rejection.

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)

Sessio	n: January-2013	ADMIT CARD	Roll No.	
1.	Category		(For office ι	use)
2.	Examination Centre: Chandigarh	ו		Please paste here a
3.	Name of the Candidate			Passport size coloured
4.	Specimen signature of the candid	date		photograph with name & date attested by the Gazetted Officer
•		n signature as affixed thereon to the aprail Health Sciences) mentioned above	•	
			•	REGISTRAR duate Institute of Medical & Research,Chandigarh.
POS		JTE OF MEDICAL EDUC CHANDIGARH - 160012	S NOITA	RESEARCH,
	SELECTION OF CANDIDATE FOR ME	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEA	ALTH SCIENCES)	COURSES
	SELECTION OF CANDIDATE FOR ME		Roll No.	COURSES
Sess	SELECTION OF CANDIDATE FOR ME	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAddate's Attendence Sheet		
Sess	SELECTION OF CANDIDATE FOR ME Cand (To be	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAdidate's Attendence Sheet e filled up by the candidate only)	Roll No.	
	SELECTION OF CANDIDATE FOR ME Can (To be	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAdidate's Attendence Sheet e filled up by the candidate only)	Roll No.	
1.	SELECTION OF CANDIDATE FOR ME Cane (To be sion: January-2013 Category Examination Centre: Chandig	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAdidate's Attendence Sheet e filled up by the candidate only)	Roll No.	Please paste here a Passport size coloured photograph with name & date attested by the
1.	SELECTION OF CANDIDATE FOR ME Cane (To be sion: January-2013 Category Examination Centre: Chandig	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAdidate's Attendence Sheet e filled up by the candidate only)	Roll No.	Please paste here a Passport size coloured photograph with name
 1. 2. 3. 	SELECTION OF CANDIDATE FOR ME Cane (To be sion: January-2013 Category Examination Centre: Chandig Name of the Candidate Specimen signature of the can	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAdidate's Attendence Sheet e filled up by the candidate only)	Roll No.	Please paste here a Passport size coloured photograph with name & date attested by the Gazetted Officer
 1. 2. 3. 	SELECTION OF CANDIDATE FOR ME Cane (To be sion: January-2013 Category Examination Centre: Chandig Name of the Candidate Specimen signature of the can	D/MS, DM/M.Ch, MHA, HOUSE JOB (ORAL HEAdidate's Attendence Sheet e filled up by the candidate only) arh indidate	Roll No.	Please paste here a Passport size coloured photograph with name & date attested by the Gazetted Officer

APPLICATION/REF. NO SESSION: JANUARY-2013 CLOSING DATE FOR RECEIPT OF APPLICATION	: 6/10/2012
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH APPLICATION FOR THE ADMISSION IN MD/MS, DM/M.CH, HOUSE JOB (ORAL HEALTH SCIENCES), MHA COURSES ROII No. —	
Challan/INB Ref. No. IMPORTANT INSTRUCTIONS:1. Please read the prospectus and the instruction given in propectus carefully before filling this form. 2; Use blue or black ball pen for filling this form. 3. Tick (•) in the appropriate box against columns 1, 2, 6, 7, 10 d. 4. The change of category at any stage will not be permitted. (To be assigned by one of the change of the	ffice)
1. Course applying for (only one) (Tick () in the appropriate box) 2. Category Schedule Schedule Rural Area Ortho. Phy Sponsored/	Foreign
	National
3. Subject Choice (for DM/M.Ch.). The Foreign National (MD/MS) candidates may fillup three choices. For DM/M.Ch. Courses, whether applied in other subject,	mention
4. Full Name of applicant (In CAPITAL Letters and as per matriculation certificate) Please don't write Dr./Mrs./Ms. before names.	
5. a) Father's/Husband's Name (In CAPITAL Letters)	
b) Mother's Name (In CAPITAL Letters)	
6. Sex 7. Nationality 8. Date of Birth	
Male Female Indian Others Date Month Year	
9. Details of qualifying examination passed (a) Name of the Institution/University (b) Qualifying Examination (c) Qualifying Examination (d) Qualifying Examination (e) Output Description of the Institution/University (d) Qualifying Examination (e) Output Description of the Institution of the Institution/University (d) Qualifying Examination (e) Output Description of the Institution of the I	se
(a) Name of the institution/University (a) in the propriate box Equiv. Equiv. Equiv. (a) be filled in by DMM.Ch. Calibrates only)	
(b) Month & Year of Admission WHETHER PASSED FINAL SEMESTER YES OR NO	
MONTH YEAR (e) Total Marks in 1st+2nd+3rd (4th, if any) Professional / Univ. Examination Maximum Marks Marks obtained Percentage	
(c) Month & Year of passsing the examination	
MONTH YEAR TO THE HOLD TO THE	
10. (a). Date of starting Internship (b) Date / Expected date of completion of Internship (c) No. of days	;
Date Month Year Date Month Year	
11. Medical / Dental Registration No. c) Date of Registration	
a) Permanent b) Provisional D D M M Y Y Y	<u> </u>
14. PHOTOGRAPH	
12. Name of College/University from which MBBS/BDS/MD/MS passed	
Whether recognised by Medical Council of India ? YES or NO Paste	
Passport Size coloured Photograph	
13. Have you already done or doing any PG Degree/ YES NO Name and Date 15. SIGNATURE OF THE CANDID	ATE
(To be filled by the applicants for MD/ MS/ House Job(OHS) only)	
TOT THOSE TO GOOD CONTO TO CONT	
DETAIL OF FEE (Please see General Information column 1 at page no. 16 of Prospectus)	
Challan/INB Reference Noin favour of Director, PGI , Chance	ligarh,
Account No. 32211613319 or SBI i-collect service. SBI Branch Name & Code No	
(Attach Challan Conv for Rs 1000/- for Gen /ORC/OPH, Rs 800/- for SC/ST Candidates). Write your name, course, address & contact no, on the Challan	n

Any deviation or discrepancy between actual appearance at the time of examination and facial appearance in the photograph pasted on the application will make the candidate liable for rejection.

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:	
17. Do you belong to Scheduled Cast/Tribe/OBC? :	ory
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 :	
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 CI	ERTIFICATE
(To be submitted by the candidate whose Internship is complete or like	ely to be completed by 30th june/31st Dec for July & Jan session repectively.)
Certified that Dr	has undergone/presently been undergoing 12 -months compulsory
Rotating Internship Training at	•
onand has completed or is likely to be comp	oleted 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 cou	urse. Please refer to the Point '9' of General information of the Prospectus.

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- 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 ineligibitly 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 aganist 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

allowed emoluments by the Institute.		l am
Place	()
Date	Signature of the applic	ant
DECLARATION BY THE FATHER/GUARDIA	AN OF THE APPLICANT	
I hereby declare that I shall be responsible for timely payment of all	Il dues payable to the Postgraduate Institute	
of Medical Education & Research, Chandigarh in respect of my son/o	/daughter/ward(name)
during the period of his/her stay at the institute and until their dues a	are cleared.	
Address	(Signature)
	Relationship to the applic	ant)
ENDORSEMENT BY THE EMPLOYER, IF THE AI	PPLICANT IS IN SERVICE	
lo	Date	
onsideration. The undersigned has no objection to the applicant ne Institute for the course applied for by him/her and if selected, mit. The applicant is "sponspored /deputed or not sponsored /de	he/she will be relieved within, the prescribe	
	Signature of emplo	n -
		n - oyer
address	with official seal	n - oyer
*Strike out whichever is no	with official seal ot applicable	n - oyer
address	with official seal ot applicable ANDIDATES ONLY con/daughter of Shri	n - oyer I
*Strike out whichever is no DECLARATION TO BE SIGNED BY OBC CA I	with official seal ot applicable ANDIDATES ONLY con/daughter of Shri	n - oyer I
DECLARATION TO BE SIGNED BY OBC CA Isrresident of village	with official seal of applicable ANDIDATES ONLY con/daughter of Shri	n - Dyer I .communit sper orde: -9-1993. It

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 with in 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

Docum	nents	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/-
Γ	IMPORTANT NOTE		
	In case any candidate is found to have supplied false information of contone to have concealed or withheld some information in his/her application debarred from admission. Any other action that may be considered appropriate by the Director of be taken against him/her which may include criminal prosecution.	form, He/sh	ne shall be
Date .			
Place			
No. o	f Enclosures :	Signatu	re of the Candidate