

PONDICHERY INSTITUTE OF MEDICAL SCIENCES
(a Unit of the Madras Medical Mission)
(A Christian Minority Institution)
Kalapet, Puducherry-605014

APPLICATION FORM FOR POST GRADUATE MEDICAL COURSES (2017)

Date:

Registration No.

1. Name of the Applicant :

(For Office Use)

*Affix here recent
passport size photo
with self-attestation*

2. Date of Birth :

Age as on 31.12.2016

Place of Birth :

District:

Nationality :

State:

3. Gender :

4. Religion :

5. Name of Father / (Guardian) :

6. Occupation and Annual Income :

7. Address to which all communications are to be sent:

PIN:

Phone:

Mobile:

Email id:

ELIGIBILITY: (a) MBBS Degree from a recognized Medical College/University. (b) Internship must be completed by 31st March 2017. (c) Permanent registration from any State Medical Council before the commencement of the Course.

SELECTION : Admission will be based on the NEET PG 2017 Scores.

Service Obligation: Candidates admitted to the Clinical Specialties will be required to sign a 1 year Service Obligation with the Institute.

8. Qualifying examination passed

Degree	Year of Admission	Date of Commencement of CRRI	Date of Completion of CRRI	Name of the College
MBBS				
Any PG Diploma				

(Photo copy of Degree Certificate & copies of Statements of Marks of all Examinations during MBBS / PG Course distinction/awards at University level are to be enclosed)

9. MBBS Subject Marks Obtained Total Marks Month – Year % of Marks

First Year	Anatomy				
	Physiology				
	Biochemistry				
Second Year	Microbiology				
	Pathology				
	Forensic Medicine				
	Pharmacology				
Third Year	ENT				
	Ophthalmology				

	Community Medicine				
Fourth Year	Medicine				
	Surgery				
	OBG				
	Pediatrics				

9. Marks secured at NEET PG 2017:

(Attach copy of the NEET PG 2017 score)

10. Courses Applied for:

1 Choice	II Choice	III Choice

MD Courses: Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology, Community Medicine, General Medicine, Dermatology, Psychiatry, Pulmonary Medicine, Paediatrics, Radio Diagnosis, Anaesthesiology.

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

11. Details of Demand Draft/ Cash paid towards Exam Fee:

Amount: Rs. 2,550.00 / Rs. 2500.00	Bank:
D.D No.:	Date:

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

CHECK LIST

Put a Tick mark in the relevant box:-

- | | |
|--|--------------------------|
| i. Self attested copy of Age Certificate (S.S.L.C or birth certificate) | <input type="checkbox"/> |
| ii. Self attested consolidated statement of MBBS marks from I to final MBBS | <input type="checkbox"/> |
| iii. Self attested copy of Nativity/ Proof of Residence | <input type="checkbox"/> |
| iv. Self attested copy of Caste Certificate | <input type="checkbox"/> |
| v. Self attested copy of Transfer Certificate | <input type="checkbox"/> |
| vi. Self attested copy of Migration Certificate | <input type="checkbox"/> |
| vii. Self attested copy of Character / conduct Certificate from previous Institute | <input type="checkbox"/> |
| viii. Self attested copy of CRRRI completion Certificate | <input type="checkbox"/> |
| ix. MBBS Degree/ Provisional Pass Certificate issued by the University | <input type="checkbox"/> |
| x. Certificated from the Head of the Parent Institution for MBBS programme, Authenticating its MCI Recognition | <input type="checkbox"/> |
| xi. Self attested copy of MCI Registration certificate | <input type="checkbox"/> |
| xii. Self attested copy of NEET PG 2017 Score card | <input type="checkbox"/> |

Note: Original Certificates must be surrendered during admission.

Place:

Date:

Signature of the Applicant