Instruction Sheet

Candidates are directed to read the following instructions with utmost care before filling up the application form and applying for the MD/MS courses

- Application Form should be filled up with a <u>BLACK BALL POINT PEN</u> <u>ONLY</u> in <u>BLOCK LETTERS except</u> the e-mail id and the signature. All letters should be clearly legible and there should not be any over writing.
- No space for relevant information should be left blank.
- Recent passport size photograph, captured not before 01/01/2015 with the name and date mentioned in the photograph itself, with signature at the space below, should be used in the application form.
- On receipt of the application form, each candidate will be provided with a specific "password" (case sensitive) by e-mail
- On receipt of the application form and after scrutiny by the appropriate authority, the admit card will be e-mailed starting from 11/05/2015 provided the form is found correct and complete in all respect.
- The candidate will be able to download and print the admit card with the help of his/her password from the college website.
- Admit card will be e-mailed to the candidate upto 14/05/2015.
- If any suitable candidate fails to receive the admit card, he/she may collect it from the Students' Section of the college only on 15/05/2015 between 0930 am and 0500pm <u>in person</u> on production of a valid <u>photo id</u> issued by Govt. Of India.
- Admit card will not be issued to any other person except the candidate.
- The following self attested photocopied documents must be submitted along with the application form:-

a) MBBS Certificate OR all Mark sheets of the MBBS Examinations

b) Internship completion certificate

- c) Permanent Medical Registration certificate
- d) Any one of the photo id issued by the Govt. Of India
- The various stipulated dates and times mentioned in the Admission Notice, Application Form and Admit Card are fixed ones and cannot be changed.

- Applications sent by <u>post</u> should be sent sufficiently ahead of time so as to <u>REACH</u> the College Office (Admission Cell) within the <u>last date</u> <u>and time</u>; otherwise, these cannot be entertained.
- Utmost care shall have to be taken by the candidates in clearly and rightly filling up their application forms with all requisite documents without fail.
- No application will be entertained which is found incomplete/ incorrect/deficient/ defective in any respect. Such applications are liable to be rejected and there shall be no scope for the erring candidates for any review, rectification/ correction of their respective applications. No communication in this regard will be entertained.
- Candidates will not be allowed to carry any electronic gadget like calculator/mobile phone etc in the examination hall.
- Any instance of indiscipline/ impersonation/ malpractice or adopting unfair means will lead to immediate disqualification of the candidature of person(s) charged with such activity.

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APPLICATION FORM FOR MD/MS course ACADEMIC SESSION 2015-16						
FOR OFFICE USE ONLY						
ROLL NO :		MD/MS/15-16/		APPLICATION NO :	APP/PG/15-16/	
	To Be	Filled with Black Bal	ll Point	Pen Only. Write in I	BLOCK le	etter
NAME		Dr.				
SEX	SEX MALE/FEMALE			Paste recent Passport size Photograph taken Not before 01.01.15		
DATE OF BI	RTH	// AGE : (DD/MM/YYYY)				(see instructions)
NATIONALI	ТҮ					Signature

CONTACT DETAILS				
PRESENT ADDRESS				
PIN CODE				
PERMANENT ADDRESS				
PIN CODE				
CONTACT NO.				
E-MAIL				

>> ALL THE ABOVE FIELDS ARE MANDATORY

PARENT/GUARDIAN				
NAME				
OCCUPATION				
MOBILE NO.				
TELEPHONE NO.				
(WITH STD CODE)				
N.B. : Applicati	on Form, incomplete and /or defective in any respect is liable to be			
rejected.				

DETAILS OF MBBS EXAMINATION					
	TAILSOFT	VIDDS LAAM	INATION		
NAME OF THE UNIVERSITY					
NAME OF THE COLLEGE					
DETAILS OF MBBS EXAMINATION	FULL MARKS	MARKS OBTAINED	PERCENTAGE	MONTH-YEAR	
1 ST PROF. MBBS EXAMINATION					
2 ND PROF. MBBS EXAMINATION					
3 RD PROF. MBBS PART-I					
EXAMINATION					
3 RD PROF. MBBS PART-II					
EXAMINATION					

Enclose copies of Marksheets

INTERNSHIP COMPLETION

DATE OF COMPLETION

NAME OF THE COLLEGE

NAME OF THE UNIVERSITY

MEDICAL REGISTRATION NO WITH DATE :

NAME OF THE MEDICAL COUNCIL

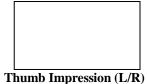
(Enclose copy)

	DETAILS OF DEMAND DRAFT
D.D.NO .	
IN FAVOUR OF	"KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR" PAYABLE AT KOLKATA.
AMOUNT IN RS.	6000/- (Six Thousand Only)
DATE OF ISSUE	/ /2015
ISSUING BANK	
DRAWN ON	

:

DECLARATION

I have carefully gone through the information sheet and understood the points therein. I wish to apply for admission to the **MD/MS** course in **KPC Medical College & Hospital** and declare that all the above particulars are true to the best of my knowledge and belief. I agree that acceptance of this application does not confer on me any right in respect of selection for admission. If at any point of time any of the above information is found to be incomplete / incorrect / deficient / defective in any respect, candidature will liable to be cancelled.



DATE :

Signature :

PARENTS / GUARDIANS DECLARATION

I am aware of the financial obligations for my ward applying to **KPC Medical College & Hospital, Jadavpur** and I undertake to pay the tuition and other fees payable to the institution as per the rules of the institution. I also affirm that my ward shall follow all the rules and regulations as prescribed by the College from time to time..

DATE :

Signature :

ADMIT CARD FOR ENTRANCE EXAMINATION FOR MD/MS COURSE 2015-16

	AL COLLEGE & HOS AJA S.C.MULLICK ROAD KOL OFFICE COPY			JR	
ROLL NO : MD /MS/15-16/		EXAN	I DATE	: 17 / May / 2015	
NAME :		EXAM '	TIME	Paste recent Passport	
		11.00AM - 1.30PM		size Photograph taken Not before 01.01.15 (see instructions)	
ADDRESS :		REPORTING TIME: 10.00AM			
				Signature	
VENUE : KPC MEDICAL COLLEGE & H 1F, RAJA S.C.MULLICK ROAD					
Signature of the Candidate	y Sign	ature of the	Invigilators		
N.B. Please write the name and full address of Candidate in BLOCK Letter ADMIT CARD FOR ENTRANCE EXAMINATION FOR MD/MS COURSE 2015-16					
	AL COLLEGE & HOS AJA S.C.MULLICK ROAD KOL APPLICANT COPY			JR	
ROLL NO : MD /MS/15-16/	E	EXAM DATI	E 17 / May /	2015	
NAME :		EXAM TIME			
		11.00AM-1.30PM			
ADDRESS :		REPORTING TIME: 10.00AM		Paste recent Passport size Photograph taken Not before 01.01.15 (see instructions)	
				Signature	
VENUE : KPC MEDICAL COLLEGE & H 1F,RAJA S.C.MULLICK ROAD F				Signature	
1F,RAJA S.C.MULLICK ROAD F		Sig	nature of the l	¥	