### **INFORMATION SHEET**

Candidates are to read the following instructions with utmost care before filling up the application form and applying for the  $1^{st}$  year MBBS Degree course

- Application Form should be filled up with a **BLACK BALL POINT PEN ONLY** in **Block Letters except** 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.

Applicants are directed to enclose a <u>self addressed envelope (11"x 5")</u> with the application form. Admit Card will be dispatched by "<u>SPEED POST</u>" to the respective candidates. If any candidate fails to receive the admit card by <u>30.06.2015</u>, they are requested to collect the <u>'Duplicate' Admit Card</u> from the <u>'Admission Cell' of the College</u> on <u>03.07.2015</u> between 9.00 a.m and 5.00 p.m and on <u>04.07.2015</u> between 9.00 p.m. and 1.00 p.m. Admit Cards will be issued on those days only exclusively to those candidates **personally** on production of **valid photo ID**.

- Admit card will not be issued to any other person except the candidate.
- The following <u>self attested photocopied</u> documents <u>must</u> be submitted along with the application form:
  - a) Valid age proof certificate.
  - b) Copies of Mark sheets (10+2)
- The various stipulated dates and times mentioned in the Admission Notice, Application Form and Admit Card are generally fixed ones and cannot be normally changed.
- Applications sent by **POST** should be sent <u>sufficiently ahead of time</u> so as to <u>REACH</u> the College Office (Admission Cell) <u>positively within the</u> <u>last date and time</u>; otherwise, these cannot be entertained.

- <u>Utmost care</u> shall have to be taken by the candidates in <u>clearly and rightly filling</u> <u>up their application forms</u> with <u>all requisite documents</u> without fail.
- <u>No application will be entertained</u> which is found <u>incomplete/ incorrect/deficient/ defective</u> in <u>any respect</u>. Such applications are <u>liable to be rejected</u> and there shall normally be no scope for the erring candidates for any rectification/correction of their respective applications. Generally, no further communication in this regard will be entertained.
- Candidates <u>will not be allowed to carry any electronic gadget like calculator/mobile</u> 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.





# KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR

KOLKATA, WEST BENGAL www.kpcmedicalcollege.org

### APPLICATION FORM FOR MBBS COURSE ACADEMIC SESSION 2015-16

| FOR OFFICE USE ONLY   |                    |  |                |     |                                       |  |  |  |
|---|--------------------|--|----------------|-----|---------------------------------------|--|--|--|
| ROLL NO   | MBBS/15-16/        |  | APPLICATION NO | API | P/15-16/                              |  |  |  |
| To Be Filled with Black Ball Point Pen Only. Write in CAPITAL |                    |  |                |     |                                       |  |  |  |
| NAME  | Mr./Miss./Mrs.     |  |                |     | Paste recent Passport                 |  |  |  |
| SEX   | MALE/FEMALE        | MALE/FEMALE                                |                |     |                                       |  |  |  |
| DATE OF BIRTH   | //<br>(DD/MM/YYYY) | // AGE : (As on 31/Dec/2015<br>DD/MM/YYYY) |                |     | Not before 01.01.15 (see instruction) |  |  |  |
| NATIONALITY   | 126                |  | - Alle         | 1   |                                       |  |  |  |
| E-MAIL ID   | 20 8               |  |                | Ā   | Signature                             |  |  |  |
|   |                    | PARENT/GUAR                                | DIAN DETAILS   |     |                                       |  |  |  |
| NAME  | EV                 | 7  |                | =/  |                                       |  |  |  |
| OCCUPATION  | 0                  | En X                                       |                |     |                                       |  |  |  |
| MOBILE NO.  | 7                  |  | 4              |     |                                       |  |  |  |
| TELEPHONE NO<br>(WITH STD)                                    |                    | KOLK                                       | ATA            |     |                                       |  |  |  |
| E-MAIL  |                    |  |                |     |                                       |  |  |  |
|   |                    | RESIDENTIA                                 | L ADDRESS      |     |                                       |  |  |  |
| PRESENT ADDR  | ESS                |  |                |     |                                       |  |  |  |
| PIN CODE  |                    |  |                |     |                                       |  |  |  |
| PERMANENT<br>ADDRESS  |                    |  |                |     |                                       |  |  |  |
| PIN CODE  |                    |  |                |     |                                       |  |  |  |

N.B :- Application form, incomplete and / or defective in any respect is liable to be rejected.

|   |   | DETAILS O                                      | F H.S. OR EQUIV        | ALENT EXAMINAT   | ION               |             |  |  |
|---|---|--|------------------------|--|-------------------|-------------|--|--|
| NAME OF BOARD/UNIVERSIT   | Y   |  |                        |  |                   |             |  |  |
| MONTH & YEAR OF PASSING O<br>QUALIFYING EXAMINATION   | MONTH/YEAR :/   |  |                        |  |                   |             |  |  |
| SUBJECT   | PHYSICS   | CHEMISTRY                                      | BIOLOGY                | TOTAL  | ENGLISH           |             |  |  |
| FULL MARKS  | FULL MARKS  |  |                        |  |                   |             |  |  |
| MARKS OBTAINED  | MARKS OBTAINED  |  |                        |  |                   |             |  |  |
| (%)   |   |  |                        |  |                   |             |  |  |
| Details of Attachment :   |   |  |                        |  |                   |             |  |  |
| Copy of the valid age- proof cerattached with the application.  | rtificate,  | LEGI   | copies of the ma       | SA   | duly self atteste | d are to be |  |  |
|   |   |  |                        |  |                   |             |  |  |
| D.D.NO .  | 1   | 100  | 4                      | The state of the s |                   |             |  |  |
| IN FAVOUR OF  | IN FAVOUR OF KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR PAYABLE AT KOLKATA. |  |                        |  |                   |             |  |  |
| AMOUNT IN RS.   | 750   | 00/- (Rupees Seven thousand five hundred) only |                        |  |                   |             |  |  |
| DATE OF ISSUE   | N   | / /2015  |                        |  |                   |             |  |  |
| ISSUING BANK NAME   | ISSUING BANK NAME   |  |                        |  |                   |             |  |  |
| DRAWN ON BRANCH   | DRAWN ON BRANCH   |  |                        |  |                   |             |  |  |
|   | Q.  | L  | · Y &                  | 1  |                   |             |  |  |
|   |   | APPLICAN                                       | NT'S DECLARA           | TION   |                   |             |  |  |
| I wish to apply for admission to<br>the best of my knowledge and<br>selection for admission.            |   |  |                        |  |                   |             |  |  |
|   |   |  |                        |  |                   |             |  |  |
| Date:   |   | Thum   | nb Impression (L/R     | Signature:   |                   |             |  |  |
|   | PA  | RENTS/GUA                                      | RDIANS DECI            | LARATION   |                   |             |  |  |
| I am aware of the financial ob<br>undertake to pay the tuition and<br>ward shall follow all the rules a | other fee   | es payable to the i                            | institution as per the | rules of the institution   |                   |             |  |  |
| Date :  |   |  | ;                      | Signature:   |                   |             |  |  |
|   |   |  |                        |  |                   |             |  |  |

## ADMIT CARD FOR ENTRANCE EXAMINATION FOR MBBS COURSE, 2015

| COLLEGE & HOSE), P. JADAN |
|---------------------------|
| KOLKATA.                  |

### **KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR**

1F RAJA S.C.MULLICK ROAD, JADAVPUR, KOLKATA: 700032

| * KOLKATA  | OFFICE COPY          |                                 |  |                  |  |
|--|----------------------|---------------------------------|--|------------------|--|
| ROLL NO :MBB   | PS/15-16/            |                                 | Exa                                    | m Date & Time    |  |
| NAME : ADDRESS :   |                      |                                 | 05/Jul/2015<br>12.00 NOON –<br>2.00 PM |                  | Paste recent Passport<br>size Photograph taken<br>Not before 01.01.15<br>(see instruction) |
|  |                      |                                 | Rep                                    | orting Time      |  |
| Venue : KPC MEDICAL COLLEGE  1F, Raja S.C.Mullick Road, Jadavpur Kolkata- 700032 |                      | 10.00 AM                        |  | Signature        |  |
| Can  | didate's Signature   | Signature of the issuing author | ority Invigilator's Signature          |                  |  |
|  | (Please write the na | me and full address of Candi    | date i                                 | in Capital Lette | rs.)   |

#### **ADMIT CARD FOR ENTRANCE EXAMINATION FOR MBBS COURSE, 2015** KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR 1F RAJA S.C.MULLICK ROAD, JADAVPUR, KOLKATA: 700032 **APPLICANT COPY Exam Date & ROLL NO :MBBS/15-16/** Time **Paste recent Passport** size Photograph taken 05/Jul/2015 NAME: Not before 01.01.15 12.00 NOON -(see instruction) 2.00 PM **ADDRESS: Reporting Time Venue: KPC MEDICAL COLLEGE** 10.00 AM **Signature** 1F, Raja S.C.Mullick Road, Jadavpur Kolkata- 700032 Candidate's Signature Signature of the issuing authority **Invigilator's Signature**

(Please write the name and full address of Candidate in Capital Letters.)

#### \*INSTRUCTIONS TO THE APPLICANT

- 1. All candidates shall mark answers in **BLACK BALL POINT PEN** only, Answers once marked can not be changed.
- 2. No electronic gadgets including cell phone shall be allowed in the examination hall
- 3. Bring this admit card with you, without which you are not allowed to appear in the examination.
- 4. Test Pattern: Physics-30 questions, Chemistry-30 questions, Biology-60 questions.
- 5. Questions will be **MCQ type** and there will be no negative marking.