

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 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.
- 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 in person on production of a valid photo id 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 post should be sent sufficiently ahead of time so as to REACH the College Office (Admission Cell) within the last date and time ; 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.



KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR

1F, RAJA S.C.MULLICK ROAD KOLKATA – 700032

www.kpcmedicalcollege.org

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 Ball Point Pen Only. Write in BLOCK letter

NAME	Dr.	Paste recent Passport size Photograph taken Not before 01.01.15 (see instructions)
SEX	MALE/FEMALE	
DATE OF BIRTH	____/____/____ AGE : (DD/MM/YYYY)	
NATIONALITY		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. : Application Form, incomplete and /or defective in any respect is liable to be rejected.

DETAILS OF MBBS EXAMINATION

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.



Thumb Impression (L/R)

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



KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR
 1F, RAJA S.C. MULICK ROAD KOLKATA - 700032
 OFFICE COPY

ROLL NO : MD /MS/15-16/		EXAM DATE : 17 / May / 2015
NAME :	EXAM TIME 11.00AM - 1.30PM	Paste recent Passport size Photograph taken Not before 01.01.15 (see instructions)
ADDRESS :	REPORTING TIME: 10.00AM	
VENUE : KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR 1F, RAJA S.C. MULICK ROAD KOLKATA-700032		Signature
Signature of the Candidate	Signature of the Issuing authority	Signature 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



KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR
 1F, RAJA S.C. MULICK ROAD KOLKATA - 700032
 APPLICANT COPY

ROLL NO : MD /MS/15-16/		EXAM DATE 17 / May / 2015
NAME :	EXAM TIME 11.00AM-1.30PM	Paste recent Passport size Photograph taken Not before 01.01.15 (see instructions)
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Signature of the Candidate	Signature of the Issuing authority	Signature of the Invigilators

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. Questions will be **MCQ type**.