

Rotatory Internship

Date of completion	
Institution/University	

M.D./M.S.

Year of passing	
Number of attempts	
Institution	
University	

13. Whether teaching in Medical College of the State

Yes	No
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If yes , name of the College, Designation and Department

Name of College		Date of joining after regularization
Designation		
Department		

14. Whether working in any other hospital

Name of the hospital		Date of joining
Designation		

15. Whether undergoing any post Doctoral Degree courses in any other Institution

Yes	No
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* If yes, give details of course and Institution where studying

* If no, undertaking to be submitted in this regard

I hereby declare that all the information given in this application form is true.

I understand that the decision of the selection committee regarding my selection for the Post Doctoral Degree Course (DM/M Ch in) is final and I shall abide by the decisions.

Date
Place

Signature of the applicant

Enclosures:

Please ensure that the following are enclosed with the application form:

1. Two recent passport size colour photographs, one to be attested by Gazetted Officer and pasted in the space provided, and one unattested photograph to be enclosed in a separate envelope.
(Both the photographs must be identical. The photograph should not have cap & should be of high contrast)
2. Proof of age (Admit card of H.S.L.C. or equivalent exam.)
3. Proof of Residence(Permanent Residency Certificate)
4. Caste certificate, whether applicable
5. Medical Council Registration Certificate.
6. MBBS & MS/MD pass certificate from University concerned
7. Experience certificate/Academic activities
8. Mark sheets and pass certificates of all the M.B.B.S. examinations (attested by Gazetted officer)

Note : Use separate Application Forms if applying for more than one course.