

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF DELHI
SESSION-2012

No.....

FOR OFFICE USE

Aggregate Marks obtained in all the three Professional examinations of MBBS/BDS: _____ out of _____ marks

(Percentage of marks obtained: _____ upto 2 decimal places)

Whether employed (Yes/No).....

Whether belongs to SC/ST/OBC/PH Category.....

Paste one recent
passport size
Photograph of the
applicant duly
attested by a Gazetted
Officer

APPLICATION FOR ADMISSION TO:

Post-Graduate (Degree/Diploma) Courses

Master of Dental Surgery (MDS) Courses

Community Health Administration (C.H.A.) Course

Diploma in Health Education (D.H.E.) Course

(Please tick mark (✓) the course which is applicable)

IMPORTANT INSTRUCTION:

- (i) Please read the Bulletin of Information carefully before filling the application form.
- (ii) Candidate who wishes to apply for more than one of the above mentioned courses should submit SEPARATE APPLICATION FORM for each course.
- (iii) Application must reach in the office of the Deputy Registrar (Medical), Faculty of Medical Sciences, 6th Floor, V.P.C.I. Building, University of Delhi, Delhi- 110007, on or before 21.01.2012 by 03:00 P.M.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING

1. AIPGMEE Admit Card/Roll Number : _____ Marks Obtained in AIPGMEE-2012: _____
(for office use only)
2. Name (in Block letters) Dr./Ms./Mr. _____ (Male/Female)
(The name should correspond with the name recorded in MBBS/BDS Degree Certificate).
3. Father's Name and Occupation _____
(Please give designation and address, if in service)
4. Mother's Name and Occupation _____
5. Do you want to be considered under Physically Handicapped category (Yes/No) _____
If yes, please enclose a copy of certificate as mentioned in Bulletin of Information **Clause 5.2**
6. Category: Scheduled Caste/ Scheduled Tribe/ General category _____
(In case belongs to SC/ST category, please enclose a copy of Certificate as mentioned in the Bulletin of Information **Clause 5.1**)

Note: A candidate who does not belong to SC/ST/OBC category should write 'GENERAL CATEGORY'.

7. Whether you belong to OBC Category (Yes/No) _____
(Please enclose attested copies of non-creamy certificate and the Caste Certificate as per Central List of OBCs notified by Ministry of Social Justice and Empowerment on the recommendations of the National Commission for Backward Classes as mentioned in Clause 5.1 with the required certificates.)

.....
FOR OFFICE USE

No.....

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF DELHI

Received an application form for admission to Post-Graduate (Degree/ Diploma) / MDS Course for the session 2012 from Dr./Ms./Mr. _____ on _____ (date)

Dealing Assistant

8. Date of Birth_____

9. Nationality_____Married/Unmarried/Widow/Widower_____

10. State to which belongs_____

11. University of Delhi Enrolment No._____
(In the case of Delhi University candidates only)

12. Address for Communication:_____

Telephone No. (if any) Residence_____Office_____Mobile_____

E-mail_____Fax_____

13. Permanent Address: _____

14. Details of examination passed:

	Examination Passed	Board/ University	Year	Roll No.	Max. Marks	Marks Obtained	Number of Attempts (MBBS/ BDS)	% (upto 2 decimal places)	Whether Recog. By MCI/ DCI	
(i)	Higher Secondary/Senior School Certificate Exam.									
(ii)	M.B.B.S. B.D.S.	1 st Prof.								
		2 nd Prof.								
		3 rd Prof.	Part-I							
			Part-II							
	Aggregate Marks (MBBS/BDS Only)									
(iii)	Any other									

15. M.B.B.S/ B.D.S. Course: (i) Date of Admission_____ (ii) Date of passing_____

16. Institution/ University from where the M.B.B.S. / B.D.S. examination passed_____

17. Percentage of aggregate marks in all the three Professional examinations of M.B.B.S. / B.D.S. (upto 2 decimal places)_____

18. Date of completion of Internship_____

19. Registration with Delhi Medical Council/ State Medical Council/ Medical Council of India / Dental Council of India: Regd. No._____ Date_____

20. Present Occupation _____

Please furnish the following details if the applicant is/ was in service after completion of internship.

S.No.	Designation	Date of appointment		Department	Institution
		From	To		
1.					
2.					
3.					
4.					

21. Information regarding previous Entrance Tests conducted by University of Delhi for Post-Graduate (Degree/Diploma) Courses:

(i) Have you accepted a seat based on the result of the Test(s)? : Yes/ No,

(ii) If yes, mention details:

Year of Test	Name of Course	accepted/joined	Name of College/ Institution
2009	_____		
2010	_____		
2011	_____		

22. If you are already pursuing any course as on 09/04/2012 (Yes/ No), if Yes, please mention:

(i) Name of the course: _____ (ii) Date of joining the course: _____

(iii) Name of College/ Institution: _____ (iv) Name of University _____

Attested Copies of the following certificates should be enclosed with application in the order as given below:

- High School/Higher Secondary Certificate for verification of date of birth.
- Certificate in support of educational qualification: M.B.B.S. Degree./ B.D.S. Degree/ Master's Degree/ Bachelor's Degree – as per requirement of the course.
- Detailed marks certificate of qualifying examinations: I, II & Final Professional examination of M.B.B.S./BDS and year-wise detailed marks certificates of Master's Degree/ Bachelor's Degree, as required course-wise.
- MBBS/BDS Examination attempt certificate.
- The compulsory rotating internship certificate.
- Registration Certificate from Delhi Medical Council/ State Medical Council/ Medical Council of India / Dental Council of India.
- Scheduled Caste/Scheduled Tribe/OBC certificate (as per Clause 5.1), if applicable.
- Physically Handicapped certificate, if applicable
- Employer's Certificate/NOC, if employed (as given in the application form).
- Certificate in support of having put in five years service: only in case of candidates seeking admission to MD (Community Health Administration) course.
- Certificate in support of experience required for candidates applying for admission to Diploma in Health Education (D.H.E.) course.
- Admit Card/Rank Letter of AIPGMEE-2012

Signature of the Candidate

Name Dr./Ms./Mr. _____

Dated _____

Address for communication _____

Place _____

Telephone: _____ Mobile: _____

E-mail : _____

DECLARATION BY THE CANDIDATE

1. I, hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in Post-Graduate (Degree/ Diploma) Course. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Bulletin of Information.
2. In case I fail to join the course offered to me and accepted by me within the prescribed date, my selection/ registration to the course(s) be treated as cancelled.
3. I undertake that in the event of my admission to any Degree/ Diploma course I will not apply for or accept admission to any course in any University/ Institution till I complete the course to which I am admitted on the basis of this application. I further undertake that in the event of my resigning from the course concerned to which I am admitted, I will not appear in the next and subsequent Entrance Tests, till the duration of the course concerned is over.
4. I undertake that in the event of my selection for a Post-Graduate (Degree/ Diploma) course, I shall deposit all my original certificates along with a Surety Bond of ₹ 5.0 lacs. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation/ termination of my admission/ registration by the University on account of unsatisfactory performance/ conduct/ discipline, I will deposit a sum of ₹ 5.0 lacs in the institution where I am enrolled to redeem my original certificates.
5. I agree to undergo the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of the University.
6. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/ Head of the Institution.
7. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules, and regulations that have been framed by the University from time to time.

Signature of the Candidate

Name Dr./Ms./Mr. _____

Dated _____ Address for communication _____

Place _____

EMPLOYER'S CERTIFICATE FORM FOR CANDIDATES WHO ARE IN SERVICE

I am forwarding, herewith, the application for admission to the Post-Graduate (Degree/ Diploma) courses in respect of Dr./Mr./Ms. _____ who is a full-time employee in this organization w.e.f. _____ and has been working as (Please give designation) and his/ her emoluments, including D.A., C.C.A. and H.R.A. etc. are ₹ _____

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full-time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated: _____

Signature of the Officer
Name and Designation with Office Seal

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF DELHI

ADMISSION TICKET
POST-GRADUATE MEDICAL EXAMINATION MERIT 2012

AIPGMEE-2012 Roll No.

Counselling to be held
w.e.f. 09.04.2012 as per
schedule given in BOI

Paste one recent
passport size
Photograph of
the applicant

Marks obtained in
AIPGMEE-2012
(for office use only)

Reporting time 9:00 A.M.

Category : SC/ST/OBC/
PH/GEN.

(To be filled by the candidate in his/her own handwriting)
Name of the Candidate (In block letters) Dr./Ms./Mr. _____

Signature of the Candidate _____ Deputy Registrar (Medical) _____
Dean & Chairperson
Board of Research Studies
Faculty of Medical Sciences
Name of the candidate.....
Mailing Address.....
.....
.....

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF DELHI

ADMISSION TICKET
POST-GRADUATE MEDICAL EXAMINATION MERIT 2012

AIPGMEE-2012 Roll No.

Counselling to be held
w.e.f. 09.04.2012 as per
schedule given in BOI

Paste one recent
passport size
Photograph of
the applicant

Marks obtained in
AIPGMEE-2012
(for office use only)

Reporting time 9:00 A.M.

Category : SC/ST/OBC/
PH/GEN.

(To be filled by the candidate in his/her own handwriting)
Name of the Candidate (In block letters) Dr./Ms./Mr. _____

Signature of the Candidate _____ Deputy Registrar (Medical) _____
Dean & Chairperson
Board of Research Studies
Faculty of Medical Sciences
Name of the candidate.....
Mailing Address.....
.....
.....