

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
**SESSION-2016**

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/Candidates with Disability

Paste one recent  
passport size  
Photograph of the  
applicant  
(self attested)

- 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 Joint Registrar (Medical), Faculty of Medical Sciences, 6<sup>th</sup> Floor, V.P.C.I. Building, University of Delhi, Delhi- 110007, as per clause 1.1 of the B.O.I.

**PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING**

1. AIPGMEE/AIPGDEE-2016 Admit Card/Roll Number : \_\_\_\_\_ Marks obtained \_\_\_\_\_
2. Name (in Block letters) Dr./Ms./Mr. \_\_\_\_\_ (Male/Female/Other)  
(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 Candidates with Disability (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/Other Backward Classes/ General category \_\_\_\_\_  
(Please enclose attested copies of Caste Certificate (SC/ST/OBC) and Non-creamy layer Certificate (for OBC) 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.)

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

**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 2016 from Dr./Ms./Mr. \_\_\_\_\_ on \_\_\_\_\_ (date)

Dealing Assistant

7. Date of Birth\_\_\_\_\_
8. Nationality\_\_\_\_\_Married/Unmarried/Widow/Widower\_\_\_\_\_
9. State to which belongs\_\_\_\_\_
10. University of Delhi Enrolment No.\_\_\_\_\_  
(In the case of Delhi University candidates only)

11. Address for Communication:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. (if any) Residence\_\_\_\_\_Office\_\_\_\_\_Mobile\_\_\_\_\_

E-mail\_\_\_\_\_Fax\_\_\_\_\_

12. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. 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 <sup>st</sup> Prof.								
		2 <sup>nd</sup> Prof.								
		3 <sup>rd</sup> Prof.	Part-I							
			Part-II							
	Aggregate Marks (MBBS/BDS Only)									
(iii)	Any other									

14. M.B.B.S/ B.D.S. Course: (i) Date of Admission\_\_\_\_\_ (ii) Date of passing\_\_\_\_\_
15. Institution/ University from where the M.B.B.S. / B.D.S. examination passed\_\_\_\_\_
16. Percentage of aggregate marks in all the three Professional examinations of M.B.B.S. / B.D.S. (upto 2 decimal places)\_\_\_\_\_
17. Date of completion of Internship\_\_\_\_\_
18. Registration with Delhi Medical Council/ State Medical Council/ Medical Council of India / Dental Council of India: Regd. No.\_\_\_\_\_ Date\_\_\_\_\_

19. 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.					

**20. 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
2013	_____		
2014	_____		
2015	_____		

21. Are you already pursuing any course as on date of filing the application form (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:**

1. High School/Higher Secondary Certificate for verification of date of birth.
2. 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.
3. 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.
4. MBBS/BDS Examination attempt certificate.
5. The compulsory rotating internship certificate.
6. Registration Certificate from Delhi Medical Council/ State Medical Council/ Medical Council of India / Dental Council of India.
7. Scheduled Caste/Scheduled Tribe/OBC certificate (as per Clause 5.1), if applicable (**two copies**).
8. Candidates with Disability certificate, if applicable
9. Employer's Certificate/NOC, if employed (as given in the application form).
10. Certificate in support of having put in three years service: only in case of candidates seeking admission to MD (Community Health Administration) course.
11. Admit Card/Rank Letter of AIPGMEE/AIPGDEE-2016
12. Score card of AIPGMEE/AIPGDEE-2016

**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 Rs. 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 Rs.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

**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE  
TO BE SUBMITTED AT THE TIME OF COUNSELING**

**PG Course for the Session-2016-17 under Faculty of Medical Sciences, University of Delhi**

**AUTHORITY LETTER**

I \_\_\_\_\_ son/ daughter of Shri \_\_\_\_\_  
bearing AIPGMEE/AIPGDEE-2016 Roll No. \_\_\_\_\_  
do hereby authorize Mr./ Mrs./ Miss \_\_\_\_\_ son/ daughter/ wife of Shri \_\_\_\_\_  
Resident of \_\_\_\_\_

to represent me on \_\_\_\_\_ (date) before the Post-Graduate Admission Committee for selection/ rejection  
of a seat/ college, or placement in waiting list for admission to PG (Degree/Diploma Courses), 2016. The signature and  
the photograph of above named Mr./ Mrs./ Miss \_\_\_\_\_ are attested  
below.

Signature of the candidate

Photograph of  
candidate  
(self attested)

Name \_\_\_\_\_

Roll No.(AIPGMEE/AIPGDEE) Examination \_\_\_\_\_

Category/Rank (PGMEM): \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Photograph of  
authorized  
representative  
(attested by the  
candidate)

Mobile : \_\_\_\_\_

Signature of Authorized representative \_\_\_\_\_

Attestation of Signature by the Candidate \_\_\_\_\_

\* Candidate should sign in such a way that half of his/ her signature be on the photograph of authorized representative.

**UNDERTAKING**

I \_\_\_\_\_ son/ daughter of Shri \_\_\_\_\_ aged  
\_\_\_\_\_ year \_\_\_\_\_ months, bearing Roll No. \_\_\_\_\_ placed at  
Rank \_\_\_\_\_ in AIPGMEE/AIPGDEE-2016 do hereby solemnly affirm and undertake that the decision of  
my authorized representative, Mr./ Mrs./ Miss \_\_\_\_\_ son/  
daughter/ wife of Shri \_\_\_\_\_  
aged \_\_\_\_\_ years \_\_\_\_\_ regarding selection/ rejection of seat, or placement in waiting list  
regarding admission to PG (Degree/Diploma) courses 2016 on the date of personal appearance shall be binding on me  
and I shall not have any claim whatsoever, other than the decision taken by my authorized representative on my behalf  
on \_\_\_\_\_

Signature of the candidate

Name \_\_\_\_\_

Category/Rank (PGMEM): \_\_\_\_\_