



Sri Balaji VidyaPeeth University

(Estd. under section 3 of the UGC Act 1956)

MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

Pillaiyarkuppam, Puducherry - 607 402.

Phone : 0413-2615449 to 2615458. Fax : 0413-2615457

E-mail : mgmcri@sify.com www.balajitrust.org

Application No.

Registration No.

(For office use)

APPLICATION FOR ADMISSION TO POST - GRADUATE DEGREE / DIPLOMA COURSES 2011-2012

Affix here
recent passport
size photo
duly attested

1. Name of the Applicant :
(in BLOCK LETTERS)
(as in school certificate)

2. Date of Birth :

Age as on 31.12.2011 :

Place of Birth :

District :

Nationality :

Native State :

3. Sex :

4. Name of Father / Guardian (if father not alive)
Occupation and Annual Income :

5. (A) Permanent Address :

(B) Address to which all communications to be sent:

PIN

PIN

Phone :

Mobile :

Phone :

Mobile :

6. Applicant Belongs To (☒ tick Appropriate) *OC* *BC* *MBC* *SC* *ST*
☐ ☐ ☐ ☐ ☐

7. Qualifying examination passed

Degree	Year of Admission	Date of Commencement of CRR	Date of Completion of CRR	Name of the College
MBBS				
Any PG Diploma				

(Attested photo copies of Degree Certificate & Statements of Marks of all Examinations during MBBS / PG Course to be enclosed)

8. MBBS	Month - Year	Marks Obtained	out of	Percentage of marks
First year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Second year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Third year-Part-I	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Third year-Part-II	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Aggregate	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

9. In case of attempts how many attempts were made to pass

MBBS Exam	No. of Attempts
1. I - MBBS	
2. II - MBBS	
3. Final MBBS Part - I	
4. Final MBBS Part - II	

10. Course Applied for

MD	MS	PRE / PARA - CLINICAL	PG DIPLOMA

MD Courses - General Medicine / Anaesthesiology / Dermatology, Venereology & Leprosy / Paediatrics / Psychiatry / Radio-diagnosis / Obstetrics & Gynaecology / Tuberculosis & Chest Diseases

MS Courses - General Surgery / Ophthalmology / Orthopaedics / ENT

Pre / Para-Clinical Courses - MS-Anatomy / MD-Physiology / MD-Bio Chemistry / MD-Pathology / MD-Pharmacology / MD-Microbiology / MD-Community Medicine

PG-Diploma Courses - Anaesthesiology (D.A) / Child Health (D.C.H) / Dermatology, Venereology & Leprosy (D.D.V.L) / Obstetrics & Gynaecology (D.G.O) / Ophthalmology (D.O) / Orthopaedics (D.ORTHO) / Psychiatry (D.P.M) / Radio-diagnosis (D.M.R.D) / Tuberculosis & Chest Diseases (D.T.C.D) / ENT (D.L.O)

11. Eligibility Criteria :

Applicants should have passed their M.B.B.S from an institution recognised by MCI and must have completed / be completing their internship by 30th April 2011

CHECK LIST (Enclosures)

Put a (✓) mark in the relevant box :-

- | | |
|---|--------------------------|
| (i) Attested copy of Age Certificate (S.S.C. Etc.,) | <input type="checkbox"/> |
| (ii) Attested Consolidated statement of MBBS marks from I to IV MBBS | <input type="checkbox"/> |
| (iii) Attested copy of Attempts of all University Exams | <input type="checkbox"/> |
| (iv) Attested copy of Nationality Certificate | <input type="checkbox"/> |
| (v) Attested copy of Caste Certificate / TC / Conduct Certificate | <input type="checkbox"/> |
| (vi) Attested copy of C.R.R.I. Completion Certificate | <input type="checkbox"/> |
| (vii) Attested copy of M.B.B.S. Degree / Provisional Pass Certificate issued by the University | <input type="checkbox"/> |
| (viii) Attested copy of Permanent Medical Council Registration Certificate | <input type="checkbox"/> |
| (ix) Attested copy of MCI Recognition Certificate from the Head of the Institution where M.B.B.S. Programme was completed | <input type="checkbox"/> |
| (x) One passport size photo | <input type="checkbox"/> |

* **Note : Original certificates must be surrendered during admission.**

Place:

Date:

Signature of the Applicant

DECLARATION

I do hereby solemnly and sincerely affirm that the statement made and information furnished in my application form as also in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue, I realise that I am liable for criminal prosecution and agree to forego my seat in the College at any stage.

Station :

Date :

Signature of the Candidate

Joint Undertaking by the Applicant and Parent/Guardian

1. All the Information furnished here is true and correct to the best of our knowledge. The original certificate will be produced at the time of admission. In case any information furnished is found to be false/incorrect, my son/daughter will forfeit the admission/seat, no matter whatever be the stage of study.
2. If admitted, we agree to be bound by the rules and regulations of our College / University now in force and those to be made from time to time. We will make good the loss or damage to properties of the institution caused by us.
3. We accept that the entire course is Residential only.
4. We also promise that we will not do any act either inside or outside the institution that will interfere with its discipline.
5. We accept all decisions of the authorities in all matters of training, conduct, examinations and discipline with no right of questioning in any court of law.
6. We accept that we will not claim refund of Tuition Fee or any other fee under any circumstances, fully aware of the norms that there is no provision for replacement.
7. We accept that the Caution Deposit / Hostel Deposit paid during admission will not be refunded in the middle or adjusted against any other dues by the Student.
8. We will not ask for transfer from one college to the other.
9. We accept that if my son / daughter wishes to leave the Institution, under any circumstances, after admission, we will pay all the Tuition fees in total for the entire duration of the course before the issue of transfer certificate to any other college.
10. We Confirm and accept that we are joining in this institution on our own willingness. We accept that any amount paid to institution is non refundable. We will not claim any compensation or refund of any amount paid by us in case the student is not joining or leaving the institution after joining.
11. Any dispute only to Puducherry Jurisdiction.

Place:

Date:

Signature of the Applicant

Signature of the Father/Guardian