



District:  
State:  
Pin code:

Academic Qualification: **Certificate/Proof of MD/MS Degree's recognition by MCI to be attached with application form**

| Examination Passed | Name of Institution/College | Board/University | Month/Year of Passing | % Marks | Subject/Specialty |
|--------------------|-----------------------------|------------------|-----------------------|---------|-------------------|
| Matriculation      |                             |                  |                       |         |                   |
| MBBS               |                             |                  |                       |         |                   |
| MD/MS/DNB          |                             |                  |                       |         |                   |
| DM/M.Ch            |                             |                  |                       |         |                   |

**Employment Detail:**

| Post Held | Institution | University | Duration |    |
|-----------|-------------|------------|----------|----|
|           |             |            | From     | To |
|           |             |            |          |    |

**Declaration of Dependents:**

| Name | Age | Relation with applicant | Occupation | Income/Month |
|------|-----|-------------------------|------------|--------------|
|      |     |                         |            |              |

**Attachments:**

|  |  |
|--|--|
| Caste certificate (if applicable)  | High School certificate/proof of date of birth certificate |
| Council Reg. Certificate (Medical)   | Handicapped Certificates                                   |
| Sponsorship Certificate  | Any other relevant Certificates                            |
| No Objection Certificate if Employed   | Proof of MCI recognized qualifying course                  |
| Post graduation degree/ pass certificate/certificate of appearing in MD/MS examination |  |

**Declaration**

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

Place:  
Date:

Signature of Candidate  
Signature & Seal of Head of Institution

