



Sri Balaji VidyaPeeth University

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

MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

Pillaiarkuppam, Pondicherry - 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 2010-2011

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 31.12.2010 :

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 are to be sent:

PIN

PIN

Phone :

Phone :

Mobile :

Mobile :

6. Applicant belongs to (Tick Appropriate)

OC BC MBC SC ST

7. Qualifying examination passed

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

(Attested photo copy of Degree Certificate & attested copies of 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	PG DIPLOMA	PARA - CLINICAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MD Courses

- General Medicine / Anaesthesiology / Dermatology, Venereology & Leprosy / Paediatrics / Psychiatry / Radio-diagnosis / Obstetrics & Gynaecology / Tuberculosis & Chest Diseases / Physiology/ Bio - Chemistry

MS Courses

- General Surgery / Ophthalmology / Orthopaedics / ENT / Anatomy

Para-clinical Courses

- 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 2010

CHECK LIST (Enclosures)

Put a (✓) mark in the relevant box :-

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

* **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