

## **INSTRUCTION FOR DOWNLOADED APPLICATION FORM**

1. Application Form start from **Next Page**. Take printout of All Six pages (Application Form and Admit Card).
2. **Please enclose the requisite Demand Draft/Bankers Cheque** of ` 1,500/- (` One Thousand Five hundred only) for General Category and OBC Category candidates and `1,000/- (` One Thousand Only) for SC/ST/PH category candidates. The Bank Draft/ Banker's Cheque should be drawn on any Nationalized Bank in favour of the **Registrar, University of Delhi** payable at Delhi. The candidate should mention his/ her name and address at the back of the Bank Draft/ Banker's Cheque. The candidates are advised to retain a photocopy of the Bank Draft/ Banker's Cheque.
3. The Applications Form and Admit Card duly filled in by the candidate in his/her own handwriting and complete in all respects should reach to the office of the **Deputy Registrar (Medical), Faculty of Medical Sciences, 6<sup>th</sup> Floor, V.P. Chest Institute Building, University of Delhi, Delhi – 110007 on or before 07.01.2011 upto 4:00 p.m.** by hand or by Registered Post or by Speed Post only. The completed Application Form received after 07.01.2011 (04:00 P.M.) will not be entertained, even if the completed application form is posted before the last date i.e. 07.01.2011.
4. The candidates, before filling in the form, should satisfy themselves regarding their eligibility for admission to the course. The candidates are required to **go through the Bulletin of Information carefully (available on [www.fmsc.ac.in](http://www.fmsc.ac.in) and [www.du.ac.in](http://www.du.ac.in))** and acquaint himself/ herself with all requirements. Fee once paid for Application Form will not be refunded in any case, whatsoever.

FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF DELHI

SESSION – 2011

**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, 6<sup>th</sup> Floor, V.P.C.I. Building, University of Delhi, Delhi- 110007, on or before 07.01.2011 by 04:00 P.M.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING

1. Name (in Block letters) Dr./Ms./Mr. \_\_\_\_\_ (Male/Female)  
(The name should correspond with the name recorded in MBBS/BDS Degree Certificate).
2. Father’s Name and Occupation \_\_\_\_\_  
(Please give designation and address, if in service)
3. Mother’s Name and Occupation \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Nationality \_\_\_\_\_ Married/Unmarried/Widow/Widower \_\_\_\_\_
6. State to which belongs \_\_\_\_\_
7. University of Delhi Enrolment No. \_\_\_\_\_  
(In the case of Delhi University candidates only)

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**FOR OFFICE USE**

FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF DELHI

Received an application form for admission to Post-Graduate (Degree/ Diploma) / MDS Course for the session 2011 from Dr./Ms./Mr. \_\_\_\_\_ on \_\_\_\_\_ (date)

Dealing Assistant

8. Address for Communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. (if any) Residence \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_

9. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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**

11. 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’.**

12. 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.)

13. Details of examination passed:

	Examination Passed			Board/ Univ.	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
<u>2008</u>	_____	_____	_____
<u>2009</u>	_____	_____	_____
<u>2010</u>	_____	_____	_____

21. If you are already pursuing any course as on 10/04/2011 (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.
8. Physically Handicapped certificate, if applicable
9. Employer’s Certificate/NOC, if employed (as given in the application form).
10. Certificate in support of having put in five years service: only in case of candidates seeking admission to MD (Community Health Administration) course.
11. Certificate in support of experience required for candidates applying for admission to Diploma in Health Education (D.H.E.) course.

Signature of the Candidate

Name Dr./Ms./Mr.\_\_\_\_\_

Address for communication \_\_\_\_\_

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

Dated\_\_\_\_\_

Place\_\_\_\_\_

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. 3.0 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. 3.0 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 Rs.\_\_\_\_\_

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

No.....

FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF DELHI

ADMISSION TICKET

POST-GRADUATE MEDICAL ENTRANCE TEST 2011

Roll No.	<div></div>	To be held on 05-02-2011 (SATURDAY)	<div>Paste one recent passport size Photograph of the applicant</div>
EXAMINATION CENTRE	<div></div>	Reporting time 9:30 A.M.	

(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
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Name of the candidate.....  
Mailing Address.....  
.....  
.....  
.....

Please See Overleaf

No.....

FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF DELHI

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

Please See Overleaf

Candidates are admitted to the examination under conditions laid down in the Ordinances and Regulations of the University. Attention is particularly drawn to the Code of Conduct for Examinees, Directions to the Candidates for Examinations and Ordinances X, X-A & X-B laying down the General Rules for the Examination etc. (enclosed).

**Notes:** Each candidate must show his/her 'Admission Ticket' to the Superintendent of the Examination Centre for admission to the Examination Hall and may be required to produce the same at any time during the course of examination.

Admission of the candidate to the entrance examination is provisional subject to his/her being found otherwise eligible for admission to the course concerned.

If ineligibility of a candidate is detected at any stage before or after examination/ declaration of result, his/ her candidature/ admission will be cancelled without any notice.

In case any candidate is found to have furnished false information or certificate etc. or is found to have withheld or concealed any material information in his/her application, he/she will be debarred from admission.

**Cellular phone/pager etc. is strictly prohibited in the Examination Hall.**

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