

**SESSION – 2010****FOR OFFICE USE**

Aggregate Marks obtained in all the three Professional examinations of MBBS: \_\_\_\_\_ out of \_\_\_\_\_ marks

(Percentage of marks obtained: \_\_\_\_\_ upto 2 decimal places)

MD/MS/DNB in \_\_\_\_\_ passed in \_\_\_\_\_ attempts

Whether employed (Yes/No) \_\_\_\_\_

Checked

Verified

Paste one recent  
passport size  
Photograph of the  
applicant duly  
attested by a  
Gazetted Officer

**UNIVERSITY OF DELHI  
(Faculty of Medical Sciences)**

APPLICATION FOR ADMISSION TO: Super-Specialty Course in:  
(Please write name of the one course from the list given at clause 2.1 at page \_\_\_\_\_)

1. **D.M.:** \_\_\_\_\_ (Subject)

2. **M.Ch.:** \_\_\_\_\_ (Subject)

**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 course should submit SEPARATE APPLICATION FORM for each course. **(See Clause 2.4.1 of BOI)**
- (iii) Application must reach the Deputy Registrar, Faculty of Medical Sciences, 6<sup>th</sup> Floor, V.P.C.I. Building, University of Delhi, Delhi- 110007, on or before **17/05/2010** upto **03:00 P.M.**

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

1. Name (in block letters) Dr./Ms./Mr. \_\_\_\_\_  
(The name should correspond with the name recorded in MBBS 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 \_\_\_\_\_

**FOR OFFICE USE**

No.....

**UNIVERSITY OF DELHI  
(Faculty of Medical Sciences)**

Received an application form for admission to Super-specialty (DM/ M.Ch) course in \_\_\_\_\_  
for the session 2010 from Dr./Ms./Mr. \_\_\_\_\_ on \_\_\_\_\_ (date)

Dealing Assistant

5. Nationality\_\_\_\_\_

6. Married/Unmarried/Widow/Widower\_\_\_\_\_

7. State to which belongs\_\_\_\_\_

8. University of Delhi Enrolment No.\_\_\_\_\_

(In the case of Delhi University candidates only)

9. Address for Communication: \_\_\_\_\_

\_\_\_\_\_

Telephone No. (if any) Residence\_\_\_\_\_ Office\_\_\_\_\_ Mobile\_\_\_\_\_

E-mail\_\_\_\_\_ Fax\_\_\_\_\_

10. Permanent Address:\_\_\_\_\_

\_\_\_\_\_

11. Details of examination passed:

	Examination Passed	Board/ Univer.	Year	Roll No.	Max. Marks	Marks Obtained	Percentage (upto 2 decimal places)	Whether Recog. By MCI
(i)	Higher Secondary/ Senior School Certificate Exam.							
(ii)	M.B.,B.S.	1 <sup>st</sup> Prof.						
		2 <sup>nd</sup> Prof.						
		3 <sup>rd</sup> Prof.						
	Aggregate Marks							
(iii)	MD/MS/DNB..... (subject) passed in ..... attempts							

12. Registration with Delhi Medical Council/ State Medical Council/ Medical Council of India: Registration

No.\_\_\_\_\_ Date\_\_\_\_\_.

13. 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.					

14. Information regarding previous Entrance Tests conducted by University of Delhi for Super-Specialty (DM/ M.Ch) 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>2007</u>	_____	_____	_____
<u>2008</u>	_____	_____	_____
<u>2009</u>	_____	_____	_____

15. Will you be pursuing any course on 31/05/2010 (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/ 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./ Master’s Degree/ Bachelor’s Degree.
4. The compulsory rotating internship certificate.
5. Registration Certificate from Delhi Medical Council/ State Medical Council/ Medical Council of India.
6. MD/ MS Degree/ DNB Certificate.
7. MD/MS/DNB Examination attempt certificate.
8. Proof of writing thesis in case the candidate has passed DNB course.
9. Employer’s Certificate, if employed (as given in the application form).

**Signature of Candidate**

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

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

Dated \_\_\_\_\_

Place \_\_\_\_\_

Tel. \_\_\_\_\_ Mobile \_\_\_\_\_

## 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 Super-specialty (DM/ M.Ch) 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 Super-specialty (DM/ M.Ch) 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 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 Super-specialty (DM/ M.Ch) 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 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 Candidate

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

Dated \_\_\_\_\_  
Place \_\_\_\_\_

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

### EMPLOYER'S CERTIFICATE FORM FOR CANDIDATES WHO ARE IN SERVICE

I am forwarding, herewith, the application for admission to the Super-specialty (DM/ M.Ch) Course in \_\_\_\_\_ 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