

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

APPLICATION FOR ADMISSION TO: Super-speciality Course in:

(Please write name of the courses applied for, from the list given at clause 2.1 at page 5)

1. D.M./M.Ch.: _____ (Subject) DD No. _____ ₹ _____ dated _____
2. D.M./M.Ch.: _____ (Subject) DD No. _____ ₹ _____ dated _____
3. D.M./M.Ch.: _____ (Subject) DD No. _____ ₹ _____ dated _____
4. D.M./M.Ch.: _____ (Subject) DD No. _____ ₹ _____ dated _____

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 additional DEMAND DRAFT of ₹ 500/- for each additional course.
- (iii) Application must reach the Joint Registrar, Faculty of Medical Sciences, 6th Floor, V.P.C.I. Building, University of Delhi, Delhi- 110007, on or before 11/05/2015 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-speciality (DM/ M.Ch) course in _____ for
the session 2015 from Dr./Ms./Mr. _____ on _____ (date)

Dealing Assistant

5. Nationality_____ Gender (Male/Female/Other)_____
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:

S. No.	Examination Passed	Board/ University	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 st Prof.						
		2 nd Prof.						
		3 rd 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-speciality (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:

<i>Year of Test</i>	<i>Name of Course</i>	<i>accepted/joined</i>	<i>Name of College/ Institution</i>
2012	_____	_____	_____
2013	_____	_____	_____
2014	_____	_____	_____

15. Will you be pursuing any course on 30/06/2015 (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. _____

Dated _____

Address for communication _____

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-speciality (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-speciality (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-speciality (DM/ M.Ch) course, I shall deposit all my original certificates along with a Surety Bond of ₹ 6.0 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 ₹ 6.0 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 _____ Address for communication _____

Place _____

EMPLOYER'S CERTIFICATE FORM FOR CANDIDATES WHO ARE IN SERVICE

I am forwarding, herewith, the application for admission to the Super-speciality (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 ₹ _____

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.....

**UNIVERSITY OF DELHI
(FACULTY OF MEDICAL SCIENCES)**

ADMISSION TICKET

SUPER-SPECIALITY (DM/M.CH.) ENTRANCE TEST (SET) – 2015

Roll No.

Examination
Centre

Paste one recent
passport size
photograph of
the applicant

Reporting Time: 15 minutes before commencement of Super-Speciality Entrance Test (SET) on Saturday, the 06th June, 2015 and Sunday, the 07th June, 2015 (as per discipline opted).

Timings of Super-Speciality Entrance Test (SET): As per date sheet given overleaf

**COURSE
APPLIED**

DM :- Cardiology, Neurology, Med. Gastro, Neonatology

FOR:

M.Ch. :- Neurosurgery, CVTS, G.I. Surgery, Paediatric Surgery

(Please tick the appropriate box for the courses applied for)

Name of Candidate Dr. (Ms./Mr.) _____
(To be filled by the candidate in his/her own handwriting in block letters)

Signature of Candidate

**Joint Registrar
(Faculty of Medical Sciences)**

Name of Candidate.....

Postal Address

.....

No.....

**UNIVERSITY OF DELHI
(FACULTY OF MEDICAL SCIENCES)**

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(To be filled by the candidate in his/her own handwriting in block letters)

Signature of Candidate

**Joint Registrar
(Faculty of Medical Sciences)**

Name of Candidate.....

Postal Address

.....

Date-Sheet/Instructions for the Examinations

(Saturday, 06th June 2015)

- | | |
|------------------------|---|
| 1. DM Cardiology | 09:00 A.M. to 12.00 Noon
(03 hours duration) |
| 2. DM Gastroenterology | 02.00 P.M. to 05.00 P.M.
(03 hours duration) |
| 3. M.Ch. Neuro Surgery | 09:00 A.M. to 12.00 Noon
(03 hours duration) |
| 4. M.Ch GI Surgery | 02.00 P.M. to 05.00 P.M.
(03 hours duration) |

(Sunday, 07th June 2015)

- | | |
|--|---|
| 1. DM Neurology | 09:00 A.M. to 12.00 Noon
(03 hours duration) |
| 2. DM Neonatology | 02.00 P.M. to 05.00 P.M.
(03 hours duration) |
| 3. M.Ch. Cardio-Vascular &
Thoracic Surgery | 09:00 A.M. to 12.00 Noon
(03 hours duration) |
| 4. M.Ch Paediatric Surgery | 02.00 P.M. to 05.00 P.M.
(03 hours duration) |

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.

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 and calculator etc. or any other Electronic devices are strictly prohibited in the Examination Hall.

Date-Sheet/Instructions for the Examinations

(Saturday, 06th June 2015)

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| 1. DM Cardiology | 09:00 A.M. to 12.00 Noon
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(03 hours duration) |

(Sunday, 07th June 2015)

- | | |
|--|---|
| 1. DM Neurology | 09:00 A.M. to 12.00 Noon
(03 hours duration) |
| 2. DM Neonatology | 02.00 P.M. to 05.00 P.M.
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