

PT. B.D.SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

P.G. ENTRANCE EXAMINATION

For Admission to **M.Ch Cardiothoracic Surgery & M.Ch. Paediatric Surgery Session 2013**

1. Name of the Candidate :
(in capital letters only)
2. Father's /Husband's Name :
(in capital letters only)
3. Mother's Name :
(in capital letters only)
4. Date of Birth Date Month year
5. Complete Postal Address :

Passport Size Photograph to be attested by the college principal from which passed MBBS/MD/MS or Gazetted Officer
Sign. of Candidate

.....Contact No.

6. Particulars of the MBBS/MS/MD Examination

Examination Passed	Name of Institution/ University	Maximum Marks	Marks Obtained	Percentage	Entry to MBBS	Passing of MBBS
MBBS Examination						
MS/MD (specify the subject)						Year of Passing

7. Permanent Registration No. With state Medical Council / MCI/DCI

8. Presently pursuing any P.G. Course Yes No

If , yes i) date of completion

ii) Course name iii) Institution name

9. Are you Presently Employed Yes No

If, yes Since when employed (date)

Name of Employer

Name of Institute Period Held

10. Bank Draft No

Amount Date

DECLARATION

I solemnly declare that I have filled in the Application form in my own handwriting and the information given therein is correct. I understand that if this information is found to be incorrect at any stage, my candidature at any stage, my candidature for the Entrance Test and subsequent admission to the course shall stand cancelled.

Date:.....

Place:..... Signature of Parent/Guardian Signature of Candidate

CERTIFICATE

I S/o or D/o or W/o

Address

do solemnly the following as true :

1. That the information given in this application is absolutely correct and true.
2. I undertake that if admitted I will strictly obey all rules and regulations in force at present or that may be made modified hereafter and will do nothing either inside the college or outside it that will interfere with its orderly administration and discipline.
3. If at any time subsequent to my admission, it is discovered that any information given in this application or in the attached certificate or in documents produced hereafter is false I may be removed from the college and all fees paid by me may be confiscated. The authorities may also take any further action against me or my Father/ Guardian as it deem fit.

Date:.....

Signature of Candidate

Place:.....

Mobile No.....

CERTIFICATE

(for those who are employed in any capacity other than Pt. B.D.Sharma PGIMS, Rohtak this application
MUST BE FORWARDED by the employing authority)

We do not have any objection to his/ her being admitted to M.Ch. course in Pt. B.D.Sharma PGIMS, Rohtak.

Forwarding Remarks

Date

Place

(Signature/ Designation of
Employer with Official Stamp)

CERTIFICATE

(for those who are employed in Pt. B.D.Sharma PGIMS, Rohtak)

Forwarding Remarks

Date

Place

Head, Deptt. of PGIMS, Rohtak

Director,
Pt. B.D.Sharma, PGIMS, Rohtak