

This Application form is meant for Post Graduate Super Speciality Course 'DM-Cardiology' at Pariyaram Medical College under ACME for the year 2011-12.
Application Fee: Rs. 3000/-

Application Number



ACADEMY OF MEDICAL SCIENCES
PARIYARAM MEDICAL COLLEGE
Pariyaram(P.O), Kannur, Kerala - 670503

APPLICATION FOR ADMISSION TO SUPER SPECIALITY COURSE-"DM-Cardiology" - 2011-12

(Read Instructions on Page 5 carefully before filling up this application form)

1 Name of Applicant (In BLOCK Letters, initials last)

2 (a) Address for communication (with Pin Code)

Affix recent
passport size
photograph
of the candidate with
signature half on the
photograph and half
on the application form

(b) Contact Telephone Number with STD Code

STD Code Phone Number

(c) Mobile Number (if any)

(d) e-mail address (if any)

3 Date of Birth in Christian era (Attach self attested copy of the relevant certificate)

Day		Month		Year				Age as on 9/30/2011	

4 Do you satisfy the Nativity condition as per Clause 3 (a) of the Prospectus (Yes / No).

5 Details of M.B.B.S. Examination passed.

	Total Marks secured	Maximum Marks	Out of 100
(a) Marks secured for all the years			
Ist MBBS	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
II nd MBBS	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
Final MBBS Part I	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
(b) Marks secured in the part II final MBBS			
Subjects	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>
Total	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>

(c) Year of passing with Register Number

6 Details of PG Entrance Examination

Wether Qualified or Not (✓)

Register Number

Rank No.

% or Marks

Yes

No

7 Details of PG Degree Examination passed.

(a) Write the name of examination and the name of the Speciality

(b) Name of the College and University from which you have passed the PG Degree Examination

8 Registration Details

Permanent T C Medical Council Registration Number or any other State Medical Council

UG

PG

No/MCI Registration No.

MCI

DECLARATION

I, Dr.....hereby declare that, all the information furnished above are correct to the best of my knowledge and belief and that, I have fully read the conditions of admission to PG Super Speciality Course 2011-12 as contained in the prospectus. I also declare that, the rules and regulations stipulated in the prospectus will be observed and if selected, I agree to join the course to which selected and shall not engage myself in private practice during the period of the course. Should it however be found that, any information furnished is untrue, I realize that I am liable to criminal Prosecution and also agree to forego my seat.

Place:

Date:

Signature of the Candidate