

GUJARAT UNIVERSITY

DOCTOR OF MEDICINE : D.M

FORM OF APPLICATION FOR APPEARANCE AT POST-GRADUATE MEDICAL
DEGREE EXAMINATION FOR FRESH/REPEATER CANDIDATES

(Fees : Rs. 6000/-)

FOR FRESH CANDIDATES

Degree	D.M. Br.
Institute	BJ / NHL

Branch Sub.

Br. I : Neurology, Br. II : Cardiology, Br. III : Nephrology, Br. IV : Medical Oncology,
Br. V : Medical Gastro-Enterology, Br. VI : Cardiac Anaesthesia, Br. VII : Onco-Pathology

JANUARY/JULY 20 EXAMINATION

N.B.—Forms submitted after the prescribed date will be rejected

To,

The Registrar,

Gujarat University, Ahmedabad--380 009.

Sir,

I request permission to be admitted at the ensuing examination for the degree of Master of Chirurgie
in the branch mentioned above. I hereby remit the prescribed fees. My personal details are as under :

1. Name in full in CAPITAL letters (Correct spelling essential : it will not be changed later). (Mention the
name stated in Last University Mark-sheet)

.....

2. Mother's Name

3. Gender.....Caste..... Category.....Birth Date.....

4. Date of passing M.D. Examination..... 20.....

5. Date of convocation, admitting to M.D. Degree..... 20.....

6. Joining date..... as per P.G. Registration Certificate No.Dated

7. Name of PG Teacher.....

8. Permanent residential address:

.....

..... Mobile No.

9. Address for communication (if same as 8, keep blank).

.....

Special Note : (1) It is essential to attach Xerox certified copies of :

(a) Mark-sheet of M.D. Exam. (b) M.D. Degree Certificate

(c) P.G. Registration Certificate (d) GMC Registration Certificate (e) PG Orientation Programme
attendance Certificate (f) B.C.B.R. Completion Certificate (g) Research paper
publication/Research paper publication certificate/Acceptance Letter (h) Oral paper presentation
certificate (i) Poster presentation certificate

(2) Please read and fill up carefully, incomplete form will be rejected.

10. Title of Dissertation:

.....
.....

Six copies duly certified by the teacher and two C.Ds. must accompany this form.

11. (a) Research paper published/Accepted/Sent Yes/No.
(b) Oral paper presentation certificate: Date:.....
(c) Poster presentation certificate: Date:.....

12. B.C.B.R. Completion Certificate: Date

13. PG Orientation Certificate duly attested by PG Teacher: Date

I hereby declare that the details/ information given in this examination form are true and correct to the best of my knowledge and belief. If anything is found to be incorrect or false or misleading or untrue or misleading or misrepresenting, I understand that I shall be liable for below action as may be decided by the Gujarat University/ College.

- (i) My examination result shall be cancelled & fees shall be forfeited.
(ii) My council's MBBS & PG Registration and MBBS & PG Degree shall be terminated.
(iii) I shall be prosecuted.
(iv) I shall be liable for any legal action under Indian Penal Code (IPC) or any law prevailing in the country.

Date: 20

Signature of the applicant

- (i) I certify that student has worked under me/ my unit during all terms (except maximum 6 months of rotation term)
(ii) I have verified all the items including items 10, 11, 12 & 13 in details and on comparison with original documents found them to be correct.
(iii) I certify that the above information given by the candidate is correct to the best of my knowledge.

Date :

Signature.....

Name :

P.G. Teacher under whom registered

14. Examination fee Rs. received : yes / no.

15. Six copies of dissertation received: yes / no.

16. Form complete in all aspects: yes / no. (Incomplete form must NOT be forwarded).

I certify that all information given by the candidate is correct; items 10, 11, 12 & 13 depict the correct information. Six terms are granted / not granted. Permission to appear may be granted/ not granted.

I certify that is eligible to appear in examination as per all the Rules, Regulation & Norms of concern council and Gujarat University. I also certify that details filled in this form have been verified.

Date :

.....

Signature & Name

College Seal

PG Director/ Dean..... College

For University Office only:

- (a) Term fees paid : (b) Registration Certificate checked :
(c) Dissertation checked : (d) Convocation checked :
(e) PG Orientation Programme attendance Certificate (f) B.C.B.R. Completion Certificate :
(g) Complete / Incomplete :

Permission granted :

Seat No:

Permission refused : Reasons :

Signature with date :

Note:- Out of 6 copies of Dissertation, 4 copies to be sent to University & 2 copies to be kept in College 1 for College library & 1 for College Office.

FOR REPEATER CANDIDATES
To be filled in by the Dean/ PG Director

I certify that failed to pass the
DM-..... in the subject of Examination held in 20

I certify that is eligible to appear in
..... examination as per all the Rules, Regulation & Norms of concern council and Gujarat
University.

Place :..... (Signature).....

Date :..... 20 . **College Seal** Dean/PG Director College

Special Note: It is essential to attach Self attested Photo copies of:

- (a) All mark sheets of DM (b) Repeater Enrolment Fee Receipt