

DIRECTORATE OF MEDICAL EDUCATION 6TH FLOOR, SATPURA BHAWAN,
BHOPAL M.P.

APPLICATION FORM FOR SUPERSPECIALITY COURSES (D.M./M.CH) 2013

FOR OFFICE USE	Paste one recent passport size Photograph of applicant duly self attested
-----------------------	--

Application for Admission to: Super-Speciality Course in:

(Please write name of the Course applied for, as per order of preference from the list given below)

Course	Subject	Name of Institution

1.D.M./M.Ch.:.....(Subject).....

IMPORTANT INSTRUCTION:

Candidate can apply for one or more Courses given in the table below :- (**D.M./M.Ch**)

Available Courses, Institution & Seats.

Table-A. Government Autonomous Medical College.

S.No.	Institution	Course	No. of Seats
1-	Gandhi Medical College, Bhopal	M.Ch. Paediatrics Surgery	01
2-	G.R.Medical College, Gwalior	M.Ch. Neuro Surgery	01

Table-B. Private Medical College.

S.No.	Institution	Course	No. of Seats
1-	Sri Aurbindo Institute of Medical Sciences, Indore	D.M. Neurology	01
		D.M. Gastroentrology	01
		D.M. Reproductive Medicine	01
		M.Ch. Surgical Oncology	01
		M.Ch. Neuro Surgery	01

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN OWN HANDWRITING

1. Name of the Candidate (In block letters)

2. Father's Name-----

3. Mother's Name-----

4. Date of Birth(dd/mm/yyyy)-----

5. Correspondence/Mailing Address:-

Contact No.:-----Mobile No.-----

Email:-----

6. Details of examination passed:

S.N	Examination Passed	Board/University	Year	Marks obtained/ Max.Marks/ Attempt	Percentage
1.	Higher Secondary Exam				
2.	MBBS 1st Prof.				
3.	MBBS 2nd Prof.				
4.	MBBS Final Part-I				
5.	MBBS Final Part-II				
6.	MBBS Aggregate				
7.	MD/MS/DNB (Subject).....				

7. MCI Registration Details

Name of Course	Medical Council of India/ State Medical Council	Date of registration	Registration No.
MBBS			
MS/MD/DNB (Subject).....			

8. Present occupation-

S.No.	Designation	Date of Appointment	Working upto	Department	Institution

9. Detail regarding Demand Draft for Application in favour of Director of Medical Education, payable at Bhopal, Amounting Rupees 5000/-

- (i) Name of Issuing Bank-----
 (ii) Demand Draft No.-----
 (iii) Date & Place of Issue-----
 (iv) Issuing Branch Code-----
 (v) Amount(in figure)------(in words) -----

10. Documents to be attached with application form:-

Sr.No.	Attested Copies of Certificates	Yes	No
1.	High School/Higher Secondary Certificate for verification of date of birth		
2.	MBBS Degree		
3.	MBBS Mark sheet of 1st, 2 nd final Part-I & Final Part-II.		
4.	The Compulsory rotating internship certificate		
5.	MBBS Registration certificate of State Medical Council/Medical Council of India		
6.	MD/MS/DNB Degree		
7.	MD/MS/DNB attempt certificate		
8	MD/MS/DNB Registration certificate of State Medical Council/Medical Council of India		
9	Demand Draft of requisite amount		

Note- The Candidate of State outside M.P.must bring above listed original certificate and bonded candidates of the M.P. State shall bring certificate from Dean of Government Autonomous Institutions stating that above listed certificates are deposited in the institutions.

Declaration:

I hereby certify that all the information given by me in this application is true and accurate to the best of my knowledge.

Date:-.....

Place:-.....

Signature of Candidate

Name of Candidate.....

**DIRECTORATE OF MEDICAL EDUCATION 6TH FLOOR, SATPURA BHAWAN,
BHOPAL M.P.**

ADMISSION TICKET

APPLICATION FORM FOR SUPERSPECIALITY COURSES (D.M./M.CH) 2013

ROLL NO.	PASTE ONE RECENT PASSPORT SIZE PHOTOGRAPH OF THE APPLICANT
EXAMINATION CENTRE	

Course applied for	DM	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
	M.Ch.	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Name of Candidate (In Block Letters :-.....)

Signature of Candidate

**Director Medical Education
Madhya Pradesh**