



**INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI – 221005**

**INFORMATION LEAFLET FOR REGISTRATION TO
D.M./M.Ch. 3 YEARS COURSE - AUGUST 2010**

**1. ELIGIBILITY:**

D.M. : Medical graduates holding the degree of M.D. (Medicine) or M.D. (Paediatrics) or DNB in respective subjects or equivalent degree recognized by the Medical Council of India. For the DM (Endocrinology) MD/DNB in Biochemistry candidates are also eligible.

M.Ch. : M.S./DNB (Surgery) or equivalent degree recognized by the Medical Council of India. For the Surgical Oncology, the candidates having MS/DNB in ENT, Orthopedics and Obst. & Gynaecology are also eligible.

For both the above courses the candidates must have passed the MD/MS/DNB Examination before **31st May 2010**.

2. DURATION AND RECOGNITION OF THE COURSE:

- a) Duration of DM/MCh course is **3** years
- b) The degrees of **M.Ch.** (Paediatric Surgery, Plastic Surgery, Neurosurgery, Urology) and **DM** (Endocrinology, Gastroenterology, Nephrology) are recognized by the Medical Council of India. The recognition of other degrees is under process.

3. SUBJECT AND NUMBER OF SEATS:

DM (Subject)	Number of seats		Total number of seats
	Residency	Sponsored	
*Cardiology	1	---	1
Endocrinology	1	1	2
Gastroenterology	1	1	2
Nephrology	1	1	2
*Neurology	1	---	1

M.Ch. (Subject)	Number of seats		Total number of seats
	Residency	Sponsored	
Paediatric Surgery	1	1	2
Plastic Surgery	1	1	2
Neurosurgery	1	1	2
*Surgical Oncology	1	---	1
Urology	1	1	2

***Note:** Only one seat of residency is available in Cardiology, Neurology and Surgical Oncology which will be filled up on the basis of the merit of candidates in DM/MCh entrance examination.

The list of subjects and seats cited above are provisional, and subject to change without assigning any reason there for or any prior notice.

Sponsored Category:

- i) For sponsored category seats, only those candidates who are in permanent service of any Government or statutory body are eligible.
- ii) They must apply with a **sponsorship certificate** on the format given in the application form (duly signed by the Employer with date, designation and seal) that he/she is being sponsored for undergoing the course applied for and that he/she will get leave for the full duration of three years of the course of study, with full pay or half pay, and the assurance that after completion of the course he/she will be taken back in service by the employer concerned.
- iii) The selection of the candidates will be on the index (out of 100) calculated on the basis of their aggregate marks in the MBBS, and PG examination (number of attempts) and merit in interview.
Sponsored candidates will not have to appear in the Entrance examination.

5. AVAILABILITY OF APPLICATION FORMS:

- a) It can be downloaded from BHU Web. Site www.bhu.ac.in
- b) It can also be obtained from the office of the Director, Institute of Medical sciences, BHU, Varanasi on submission of a MICR **D/D** of Rs. 100/- in favour of the "**Director, Institute of Medical Sciences, BHU**", payable at Varanasi along with self addressed envelop (25 x 16 cm) by post till 10th May, 2010 and in person till 17th May 2010.

6. SUBMISSION OF APPLICATION FORMS:

- i) The eligible candidates may apply by filling up all the **six pages** of application form enclosed herewith in his/her own clean handwriting and all the entries in the form should be filled by the same writing material.
- ii) A candidate can apply and appear for **one subject only** for the regular residency seat. The same is applicable for the sponsored candidates as well.
- iii) The application must be accompanied with attested copies of all the mark sheets / certificates / degrees / registration number certificate and other documents (from High School to MD/MS/DNB)
- iv) The completed application form in all respects along with all necessary enclosures should reach the office of Director, IMS – BHU on or before Monday, 24th May 2010, 5.00 PM. The envelope containing the application should be superscribed "**APPLICATION FOR D.M./M.Ch. COURSE AUGUST 2010**". Applications sent by Fax, E-Mail, Photocopies or any other form will not be entertained. Only the original Application form and form downloaded through BHU website will be accepted.
- v) Duly completed application must be accompanied with a **MICR Demand Draft** drawn on a nationalized bank and payable at Varanasi in favour of **DIRECTOR, IMS, BHU of Rs.2000/- (Rupees Two Thousand only)**. Demand Draft submitted with this form includes examination fees and **is not refundable** in any case.
- vi) Candidates who are in service of Government/Semi-Government/Statutory Body must apply through proper channel with endorsement certificate of the Employer on the proforma as provided in the application form.
- vii) Incomplete applications in any respect will be summarily rejected and no correspondence in this regard will be entertained. Applications received after the last date will not be entertained on any ground including postal delay.
- viii) All passport size photographs must be self attested, identical, snapped with front profile, showing full head, face, shoulder and with both ears and taken without wearing any Cap/Hat/Sun glasses. Polaroid photos are not accepted. Photograph must be taken on or after 31st December 2009 with a placard indicating the date, and name of candidate.
- ix) Provisional Admit Card shall be sent by Registered Post to the candidates. If an eligible candidate does not receive the admit card, he/she may contact the office of the Director, Institute of Medical Sciences, BHU, Varanasi on **03rd July 2010 between 10.00 AM to 5.00 PM** along with 2 copies of self attested passport size photographs identical to those pasted in Original application form.

Duplicate admit card will **NOT** be issued on the day of the examination. i.e. **04th July 2010**.

7. EVALUATION:

- i) The test paper will consist of 100 objective type questions and the Examination will be of 100 minutes duration.
- ii) Three marks will be awarded for each correct answer. There will be negative marking for incorrect answer, and One mark will be deducted for every incorrect answer.
- iii) The qualifying marks are 50 percent of the aggregate.
- iv) No scrutiny/revaluation of the answer sheet of the Admission test shall be allowed on any ground.

8. SELECTION:

Subject wise merit list will be declared & posted on the BHU web site www.bhu.ac.in

- i) The candidates will be selected for registration/ admission strictly based on merit in the written test. In case of equal marks in the test the inter-se-ranking of the candidates shall be determined in the following order:-
 - (a) In case of candidates having equal marks in the test, the merit shall be decided on the basis of number of failures at the MD/MS/DNB examination. One mark will be deducted, out of the total marks obtained by the candidates in the written test, for each failure.
 - (b) In case of candidates having equal marks vice (a) above, the merit shall be decided on the basis of percentage of aggregate or marks obtained by the candidates in MBBS (Final Examination).
 - (c) In case of candidates having equal percentage of aggregate marks at the MBBS (Final) Examination vice (b) above, the merit shall be decided on the basis of percentage of marks obtained by the candidates, in subject of Medicine (for selection to **D.M.** course) and Surgery (for selection to **M.Ch.** course), in the MBBS examination.
 - (d) If the marks at the above vice (c) happen to be the same, the date of birth would be the basis i.e. the candidate senior in the age would rank higher.

9. GENERAL:

- i) The sponsored/deputed applicants will be treated as supernumerary candidates and in case of their selection and registration/admission and joining for the course, they will not get any payment from the Institute/University.
- ii) No private practice of any kind shall be permitted during the entire duration of the DM / MCh course.
- iii) The decision of the Director, Institute of Medical Sciences, B.H.U., shall be final and binding on the candidates in respect of the Admission test.
- iv) The selected candidates will have to appear before the admission committee for counseling and also required to sign a bond on non-judicial stamp paper of Rs.100/- (to be purchased from Varanasi or any district of State of Uttar Pradesh) on the format to be supplied by the Directorate before he/she is permitted to join the DM / MCh course.
- v) The admission and continuance of Registration/Residency of the candidate shall be subject to the BHU Act, Statutes, Ordinance, Rules and Regulations and orders as may be applicable from time to time and the aforesaid bond. The registration/ admission may be cancelled without any notice if the supervisor of the Department is not satisfied with the work and/or conduct of the candidate.
- vi) The decision of the Postgraduate Medical Board / Faculty of Medicine, Institute of Medical Sciences - BHU in all the matters of admission/registration shall be final and binding on the candidate.
- vii) Mere submission of application and appearing and qualifying in the Admission test will not entitle the candidates to claim admission in any of the above course. The candidates must note that if it is found that he/she is not eligible for the Admission test, the Directorate will not issue the Admit Card and will not take any responsibility in this regard.
- viii) No TA/DA will be admissible for appearing in the Admission test, and for joining the course.
- ix) Candidate will have to submit documentary proof at the time of admission / registration that their medical degrees are recognized by MCI.

IMPORTANT DATES

LAST DATE for obtaining application form and information leaflet by post	Monday, 10 th May 2010
LAST DATE for obtaining application form and information leaflet from IMS	Monday, 17 th May 2010
LAST DATE for receipt of completed Application Form in the office of the Director, IMS - BHU, Varanasi	Monday, 24 th May 2010
DATE of written examination	Sunday, 04 th July 2010 (Time: 9.00 AM)
Place of Examination	Institute of Technology BHU, Varanasi
Duration of the Examination	100 minutes

NOTE:

- CANDIDATES ARE ADVISED TO DOWNLOAD EACH PAGE OF THE APPLICATION FORM ON ONE SIDE OF THE PAPER ONLY.
- PLEASE ATTACH A SELF ADDRESSED ENVELOP OF 25 CM X 16 CM SIZE FOR SENDING THE ADMIT CARD. THE ADDRESS SHOULD BE CLEARLY AND NEATLY WRITTEN BY THE CANDIDATE.



**INSTITUTE OF MEDICAL SCIENCES
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VARANASI- 221005**

APPLICATION FORM FOR APPEARING IN ADMISSION TEST FOR
THREE YEAR **D.M./M.Ch. COURSES** – AUGUST 2010

Last date for accepting the application form in Office of Director, IMS, BHU: 24th May 2010

(For Office Use Only)

Course: **D.M. / M.Ch.**

Date of Receipt _____

Subject:

Receipt No. _____

Category : RESIDENCY / SPONSORED

Provisionally allowed / Not allowed

Reasons (if not allowed) :

(To be filled in by the CANDIDATE in his/her own handwriting)

DD No.	Date	Amount	Rs.	Issuing Bank

1. Course applied for : DM MCh

2. Subject :

3. Category : SPONSORED OR RESIDENCY

4. Name of the Candidate
(in BLOCK letters)

5. a) Father's Name :

b) Mother's Name :

6. Date of birth :

7. Address for Communication :

.....

.....

Mobile No..... Tel. No.....

8. Permanent address :

.....

9. Nationality :

10. Religion :

11. State to which belongs :

12. Caste :

13. Marital Status : Married/Unmarried

If married, name of spouse :

-A-

Paste photograph
self attested

Candidates are advised to read this form and information leaflet carefully before filling up their application form

14. Details of the Examinations passed:

Name of the examination	University / Board	Year	Subjects	Marks obtained / Maximum marks	% of Marks	No. of Attempt
High School/ or equivalent						
I.Sc. or equivalent of +2 level						
1st Prof. MBBS						
2nd Prof. MBBS						
3rd Prof. MBBS						
MD / MS / DNB or equivalent						

NOTE : Please attach attested copies of all the Mark sheets/Certificates/Degrees/Registration number certificate and other documents (from High School to MD / MS / DNB)

15. Details of Internship: FromTo Institution

16. Permanent Registration No. : Date: State:

17. Details of present employment, if any:

Name and full address of the Employer:.....

.....

Post held w.e.f. : Tenure of appointment:

DECLARATION

I declare that I have read the information leaflet and that all the information furnished above by me are true. All the attested/ certified copies of certificates/mark sheets are attached. In case any information furnished by me above is found wrong at any time, my candidature for the examination/selection to the course may be cancelled outright and I may be debarred permanently from the test and disciplinary action may be taken against me. I declare that I am an Indian National and have not taken part in any activity subversive of law and no disciplinary action has been taken against me by the University. I have never been debarred by the University for appearing in examination or for seeking admission to any courses of studies.

Date:

(Signature of the Candidate)

Place:

**CERTIFICATE TO BE GIVEN BY THE CANDIDATE SEEKING ADMISSION
UNDER SPONSORED CATEGORY**

SPONSORSHIP CERTIFICATE*

This is to certify that Dr. is a permanent employee of .
..... holding the post of since
..... He/She is hereby sponsored for undergoing course at
Institute of Medical Sciences, Banaras Hindu University.

In the event of selection he/she will be sanctioned leave for three years on Full Pay/Half Pay to undergo the
above course. This is also further certified that he/she will be taken back into the services after completing the above
course.

Name of the Employer:.....

Name of the Institute:.....
.....

Signature of the Employer
(SEAL)

Date:.....

*This certificate should be issued / signed only by the EMPLOYER of the candidate, clearly mentioning the salary
payment status during the course, otherwise sponsorship and candidature will not be considered

NO OBJECTION CERTIFICATE

(FOR CANDIDATES APPLYING UNDER **RESIDENCY** CATEGORY AND IN EMPLOYMENT)
Endorsement by the employer under whom the candidate is presently working

Dr. is working as
with effect from. He/She is a permanent / temporary employee of the

The information furnished by the candidate in his application form is correct. I have no objection in his/her seeking
admission to the D.M./M.Ch. course at the Institute of Medical Sciences, B.H.U.

If he/she is admitted he/she will be relieved for three years for undergoing the course.

Name of the Employer:.....

Name of the Institute:.....
.....

Signature of the Employer
(SEAL)

Date:.....

CHECK LIST

(Please arrange enclosures in the following order)

I) <u>Self attested</u> copies of Certificates	<u>Enclosed</u>	<u>Attested</u>	<u>Encl. No.</u>
1. MD/MS/DNB passing/appearing certificate	Yes/No	Yes/No
2. Permanent medical registration certificate	Yes/No	Yes/No
3. Internship completion certificate	Yes/No	Yes/No
4. MBBS Marks sheets	Yes/No	Yes/No
5. High School or equivalent with Date of Birth certificate	Yes/No	Yes/No
6. I.Sc. or equivalent of + 2 level	Yes/No	Yes/No
7. MBBS passing certificate	Yes/No	Yes/No
8. Character certificate	Yes/No	Yes/No
9. MICR Demand Draft of Rs. 2000/-	Yes/No	
II) 1. Sponsorship certificate from employer (for sponsored category)		Yes / No / Not required	
2. Forwarded by Employer/Head of organization (for Residency category)		Yes / No / Not required	
III) THREE <u>self attested</u> photographs affixed at designated space marked A, B, C		Yes/No	

(Signature of the Candidate)

NOTE:

- 1) Self attested copy of Certificates should be arranged in above order and an enclosure number should be given on each and same should be listed above in the appropriate column.
- 2) If any of above answer is NO, the application will be rejected without making any correspondence.



Roll No.	
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**INSTITUTE OF MEDICAL SCIENCES
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VARANASI – 221005**

PROVISIONAL ADMIT CARD

D.M./M.Ch. ADMISSION TEST – AUGUST 2010

Examination Centre:(To be filled by Office)

(To be filled in by the candidate)

Dr.....

(Write name in BLOCK LETTERS)

Address:

.....

.....

.....

Son/Daughter of Sri

<p>-B-</p> <p>Paste photograph self attested</p>

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

provisionally allowed to appear in the Admission Test on Sunday, 04th July 2010 at 9.00 AM, against Residency

Deputy Registrar

(Specimen signature of the candidate)

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidate must bring **original** Admit Card with him/her to secure admission to the examination room.
2. Example for writing your ROLL Number (e.g. **10107** : Ten Thousand One Hundred Seven)
3. Mark your answers on the "Answer Sheet" by blackening the circles using **Black Ball Pen**.
4. Please bring your own writing material only
5. Envelop of admit card/ any other paper/ any resource material /calculators /slide rule/ mobile phone/pagers are not allowed in the examination hall.
6. The examination rooms will be opened half an hour before the commencement of the examination
7. No candidate will be admitted to the examination room after Ten Minutes of start of the examination
8. No candidate will be allowed to leave the examination room till the examination is over.
9. Candidates should not leave the examination room without handing over his/her question booklet and answer sheet to the Invigilator.
10. Candidates will be required to sign his/her attendance and thumb impression at designated place in the presence of the invigilator when directed to do so by the Invigilators.
11. Candidates who fail to observe these regulations may be disqualified and debarred from appearing in the entrance test and any subsequent examination held by the University.

Do Preserve your **provisional admit card** which has to be produced before Admission Committee in case of your selection.

Roll No.....



INSTITUTE OF MEDICAL SCIENCES
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Varanasi-221005

REGISTRATION CARD

D.M./M.Ch. ADMISSION TEST – AUGUST 2010

Examination Centre: (to be filled by office)

(To be filled in by the candidate)

1. Full Name :

2. Father's name :

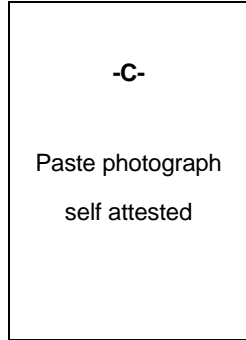
3. Mother's name :

4. Date of birth :

5. Subject:.....

6. Address:

Mobile..... Tel. No.....



7. Specimen signature of the candidate at the time of applying for the course

8. To be filled in the examination hall in presence of Invigilator

Signature of the Candidate

Thumb impression of the candidate *

Signature of the Candidate

Thumb impression of the candidate *

* Left hand thumb impression for Male candidates and Right hand thumb impression for Female Candidates

Name and signature of the Invigilator