



**INSTITUTE OF MEDICAL SCIENCES  
BANARAS HINDU UNIVERSITY  
VARANASI – 221005  
INFORMATION LEAFLET FOR REGISTRATION TO  
D.M./M.Ch. 3 YEARS COURSES - AUGUST 2009**

**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 M.C.I. For the DM (Endocrinology) MD/DNB in Biochemistry candidates are also eligible.

**M.Ch.** : M.S./DNB (Surgery) or equivalent degree recognized by the M.C.I. For the Surgical Oncology the candidates having MS/DNB Ortho, ENT and Obst. & Gynaecology are also eligible.

For both the above courses the candidates must have passed the MD/MS Examination on or before 31<sup>st</sup> May 2009.

**2. DURATION AND RECOGNITION OF THE COURSE:**

- a) Duration of the course is 3 years
- b) The degrees of M.Ch. (Paediatric Surgery, Plastic Surgery, Neurosurgery, Urology) and DM of (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)	Eligibility	Number of seats		Total number of seats
		Residency	Sponsored	
Cardiology	MD (Medicine) MD (Paediatrics)	1	*	1
Endocrinology	MD (Medicine) MD (Paediatrics) MD (Biochemistry)	1	1	2
Gastroenterology	MD (Medicine) MD (Paediatrics)	1	1	2
Nephrology	MD (Medicine) MD (Paediatrics)	1	1	2
Neurology	MD (Medicine) MD (Paediatrics)	1	*	1
M.Ch. (Subject)	Eligibility	Number of seats		Total number of seats
Paediatric Surgery	MS (Surgery)	1	1	2
Plastic Surgery	MS (Surgery)	1	1	2
Neurosurgery	MS (Surgery)	1	1	2
Surgical Oncology	MS (Surgery) MS (ENT) MS (Orthopaedics) MS (Obst. & Gyn.)	1	*	1
Urology	MS (Surgery)	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 the 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 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 merit and aggregate in the MBBS and PG examinations and interview. **They 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](http://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 DD 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 11<sup>th</sup> May, 2009 and in person till 18<sup>th</sup> May 2009.

**6. SUBMISSION OF APPLICATION FORMS::**

- i) The eligible candidates may apply by filling up the 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)
- iv) The completed application form in all respects along with all necessary enclosures should reach this office on or before Monday, 25<sup>th</sup> May 2009, 5.00 PM. The envelope containing the application should be superscribed "**APPLICATION FOR D.M./M.Ch. COURSE AUGUST 2009**". Applications sent by Fax, E-Mail, Photocopies or any other form will not be entertained. Only the original form and form downloaded through Internet 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 31<sup>st</sup> December 2008, with a placard indicating the date.
- 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 **4<sup>th</sup> July 2009 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. 5<sup>th</sup> July 2009.

## **7. EVALUATION:**

- i) The test paper will consist of 100 objective type questions and the paper will be of 100 minutes duration.
- ii) Three marks will be awarded for every correct answer. There will be negative marking for incorrect answer. One mark will be deducted for every incorrect answer.
- iii) The qualifying marks are 50 percent of aggregate.
- iv) No scrutiny/revaluation of the answer book of the 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](http://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 examination. One mark will be deducted out of the 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 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 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 tests.
- 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 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 examination or 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, 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 attending the written test and joining the course.
- ix) Candidate will have to submit documentary proof at the time of admission that their medical degrees are recognized by MCI.

### **IMPORTANT DATES**

<b>LAST DATE for obtaining application form and information leaflet by post</b>	<b>Monday, 11<sup>th</sup> May 2009</b>
<b>LAST DATE for obtaining application form and information leaflet from office counter</b>	<b>Monday, 18<sup>th</sup> May 2009</b>
<b>LAST DATE for receipt of completed application form in the office of the Director, IMS, BHU, Varanasi</b>	<b>Monday, 25<sup>th</sup> May 2009</b>
<b>DATE of written examination</b>	<b>Sunday, 5<sup>th</sup> July 2009 (Time: 9.00 AM)</b>
<b>Place of Examination</b>	<b>MULTIPURPOSE HALL (near Central Office), BHU, Varanasi</b>
<b>Duration of the Examination</b>	<b>100 minutes</b>

**NOTE : Candidates are advised to download each page of the application form on one side of the paper only.**

**Please attach a self addressed envelope of 25 cm x 16 cm size. The address should be clearly and neatly written in capital letters for sending ADMIT CARD.**

Roll No.....



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

**APPLICATION FORM FOR APPEARING IN ADMISSION TEST FOR  
THREE YEAR D.M./M.Ch. COURSES – AUGUST 2009**

**Last date to reach the Director, IMS, BHU: Monday 25<sup>th</sup> May 2009**

(For Office Use Only)

Course: D.M./M.Ch.

Date of Receipt \_\_\_\_\_

Subject:

Receipt No. \_\_\_\_\_

Category : SPONSORED / RESIDENCY

Provisionally allowed/Not allowed

Reasons :.....

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

DD No.	Date	Amount	Rs.	Issuing Bank

1. Course applied for : D.M./M.Ch.

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

14. If married, name of spouse.....

**-A-**

Paste photograph  
self attested

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

**14. Details of the Examinations passed:**

Name of the examination	University/ Board	Year	Subject	Marks obtained/ Maximum marks	% of Marks
High School/ or equivalent					
I.Sc. or equivalent of +2 level					
1st Prof. MBBS					
2nd Prof. MBBS					
3rd Prof. MBBS					
MD/MS or equivalent					

NOTE: Please attach attested copies of all the Mark sheets/Certificates/Degrees/Registration number and other documents (from 10<sup>th</sup> standard to MD/MS/DNB)

15. Details of Internship: From .....To ..... Institution .....

16. Permanent Registration No. : ..... Date: ..... State: .....

17.Details of present employment, if any: .....

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

Post held with date:..... Tenure of appointment: .....

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**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, Varanasi

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 into the services after completing the above course.

Name of the Employer:.....

Name of the Institute:.....

Date:.....

Signature of the Employer

(Seal)

\*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

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**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 of 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:.....

Date:.....

Signature of the Employer

(Seal)

### CHECK LIST

(Please arrange enclosures in the following order)

I) Self attested 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 sheet	Yes/No	Yes/No	-----
5. High School or equivalent with Date of birth certificate	Yes/No	Yes/No	-----
6. Intermediate or equivalent	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 non sponsored category)		Yes/No/Not required	
III) Three self attested photographs affixed at designated space A, B, C		Yes/No	

**Signature of the candidate**

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**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 appropriate column.
2. If any of above answer is NO, the application will be rejected without making any correspondence.





**INSTITUTE OF MEDICAL SCIENCES  
BANARAS HINDU UNIVERSITY  
VARANASI - 221005  
PROVISIONAL ADMIT CARD  
D.M./M.Ch. ADMISSION TEST – AUGUST 2009**

Roll No.	
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Examination Centre (To be filled by Office):.....

(To be filled in by the candidate )

DR.....  
(Write name in BLOCK LETTERS)  
Son/Daughter of Sri .....

Address on Which admit card is to be sent:

.....  
.....  
.....

<p><b>-B-</b></p> <p>Paste photograph self attested</p>
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to appear in the D.M./M.Ch. (Subject) .....

Admission Test on Sunday, 5<sup>th</sup> July 2009 at 9.00 AM, against Residency

Specimen signature of the candidate

Deputy Registrar

**IMPORTANT INSTRUCTIONS FOR CANDIDATES**

1. Candidate must bring Admit Card with him/her to secure admission to the examination room.
2. Mark your answers on the "Answer Sheet" by blackening the circles using **Black Ball Pen**.
3. Please bring your own writing material
4. Envelop of admit card/ any other paper/ any resource material /calculators /slide rule/ mobile phone/pagers are not allowed
5. The examination rooms will be opened half an hour before the commencement of the examination
6. No candidate will be admitted to the examination room after Ten Minutes of start of the examination
7. No candidate will be allowed to leave the examination room till the examination is over.
8. Candidates should not leave the examination room without handing over his/her question booklet and answer sheet to the Invigilator.
9. 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.
10. 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.

The admit card is being issued provisionally subject to the scrutiny of the eligibility. It is only after verification of the eligibility that the candidate would be considered for admission. Mere appearing or qualifying in the test does not entitle a candidate for selection/admission.

Preserve your provisional admit card which has to be produced before admission committee in case of your selection.

Roll No.....



**INSTITUTE OF MEDICAL SCIENCES  
BANARAS HINDU UNIVERSITY  
Varanasi-221005**

**REGISTRATION CARD**

**D.M./M.Ch. ADMISSION TEST – AUGUST 2009**

**Examination Centre:** (to be filled by office) .....

(To be filled in by the candidate)

1. Full Name : .....

2. Father's name : .....

3. Date of birth : .....

4. Subject:.....

5. Address: .....

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

<b>-C-</b>  Paste photograph self attested
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**6. Specimen signature of the candidate  
at the time of applying**

Signature of the Candidate
Thumb impression of the candidate*

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

**7. To be filled in the examination hall  
in presence of Invigilator**

Signature of the Candidate
Thumb impression of the candidate*
Name and signature of the Invigilator