

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 / 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

Date:.....

CHECK LIST

(Please arrange enclosures in the following order)

<u>I) Self attested copies of Certificates</u>	<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 ₹ 2000/-	Yes/No	
II) 1. Sponsorship certificate from employer (for sponsored 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.