



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

NEET (PG) Registration No.

APPLICATION FORM FOR REGISTRATION OF ADMISSION TO PG COURSES (MD/MS & MDS) -2013

Last date for completed form to reach to the office of the Director, Institute of Medical Sciences, BHU : 15.04.2013

THIS FORM CONTAINS TWO PAGES TO BE FILLED BY THE CANDIDATE

Candidates are advised to read the instructions carefully before filling up the registration form

(For Office Use Only)

Provisionally allowed/Not allowed	Date of Receipt
BHU Reg. No.	Diary No. / Receipt No.

IMPORTANT

- i) Last date for receipt of completed form by Registered / Speed Post to the office of *the Director, IMS, BHU, Varanasi-221005* is **15.04.2013**
- ii) This form contains **Two** pages to be filled by the candidate.
- iii) The application form must be signed by the candidate wherever indicated.

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

Tick (✓) the appropriate box

Details of Demand Draft enclosed of Rs. 1500/ (General & OBC), Rs. 1000/- (SC & ST)

DD No	Date	Amount
Bank Name	Issuing Branch	Payable at

2. Course applied for : MD MS MDS
3. Name of the candidate (IN BLOCK LETTERS) _____
4. Father's Name _____
5. Mother's Name _____
6. Date of birth Day _____ Month _____ Year _____
7. Nationality _____ 8. State _____
8. Sex Male Female
9. Category* under which admission is sought
 General SC ST OBC Physically Challenged (PC)

Paste recent photograph
duly attested by the
Principal of the Collage /
Gazetted Officer

*SC (Schedule Cast), ST (Schedule Tribes), PC (Physically Challenged) and OBC (Other Backward Caste) candidates must attach concerned certificate/s in support along with this application form. The candidate seeking admission under OBC category must also produce non-creamy layer of OBC certificate (issued not before dated 1st February 2013 by a competent authority).

10. Address for Communication _____
 City _____ District _____ State _____
 Pin _____ Tel. No. with STD Code /Mobile _____ e-mail _____
11. Permanent Address _____
 City _____ District _____ State _____
 Pin _____ Tel. No. with STD Code /Mobile _____ e-mail _____

* SC/ST Candidates must attach attested copy of Caste Certificate in support duly attested by a Gazetted Officer and OBC (Other Backward Classes/PC (Physically Challenged) candidates must attach a copy of recent relevant Certificate duly attested by a Gazetted Officer.

12. Details of the Examinations Passed

Name of the Examination	University/ Board	Year	Marks obtained *	Maximum marks	% of Marks	No. of Attempts
High School/ or equivalent						
I.Sc. or equivalent of 10 +2 level						
BDS/MBBS-1 st Prof./Year						
BDS/MBBS-2 nd Prof./Year						
BDS/MBBS-3 rd Prof./Year						
Grand Total* of all the Professional BDS/MBBS Examinations						

13. Internship (Attach internship completion certificate)

Have you completed your internship? Yes No
 a) In case your internship is not complete, will it be completed by 31st March 2013? Yes No

14. Permanent/Temporary Registration No. _____ **Date** _____ **State** _____

15. Details of present employment, if any

Name and full address of the employer	Post held	Date of Joining	Date of Confirmation

DECLARATION

I declare that I have read the instruction and registration form, and all the information furnished by me are true. I declare that I fulfill the minimum eligibility required to appear at the entrance test. I have neither completed nor continuing MBBS/BDS course from anywhere. In case any information furnished above by me 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 admission and disciplinary action may be taken against me. I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by the University / Institution for seeking admission.

Date

Place

Signature of the Candidate