

Application for Post of D.N.B. (Post Graduate Course)

Personal Data:

Full Name: (First Name) (Fathers Name) (Surname)

Present Address:

Telephone:

Nationality: Religion: Cast:

Date of Birth: Age (In Completed Years)

Place of Birth: Dist: State:

Period of residence in all around Pune city Years:

Family Background:

Fathers/Husbands/Wife's Name:

Address:

Occupation: Telephone:

Have you previous registered for DOMS allied Post? If so mention details...

Educational Qualification:

| Name of the Institution & University | Exam. Passed | Year of Passing | Marks in Opth. Theory/Practical |
|--------------------------------------|--------------|-----------------|---------------------------------|
| Medical College | | | |
| Post Graduate | | | |

Do you any contract/bond with your present employer? Yes/No give details.

Name & address of two persons (not relatives) of good social standing who know you for a minimum of over 3 years and to whom.

(b) Name: (b) Name:
Address: Address:

Note:

- (i) Please attach Xerox copies of certificates & testimonials attested by a Magistrate or Notary Public, 2nd & 3rd MBBS Marks list, attempt certificates, Internship Certificate, MMC Registration.
- (ii) Any false of misleading in formation given in this application will be adequate cause of rejection of candidate and/or termination of studentship at any time.

I declared that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:

Place:

Signature