Sl. No. ………….

**King George’s Medical University, U.P., Lucknow**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**Application Form**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested by Head of the Institution from which he/she has passed M.B.B.S./M.D./M.S.

Application for Entrance Examination

For Admission to Post MD-PhD Course

For Session 2014

***[To be held on 11th & 12th April 2014]***

(Incomplete application will not be entertained)

1. Name of Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sex (Male/Female) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Birth : Date\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_
5. Place of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Mailing Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Contact Phone No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Graduation Qualifications:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Subject** | **Year** | **University** | **Institute** | **No. of attempts** | **Marks obtained** | **Total Marks** |
| **1.** | **Anatomy** |  |  |  |  |  |  |
| **2.** | **Physiology** |  |  |  |  |  |  |
| **3.** | **Bio-chemistry** |  |  |  |  |  |  |
| **4.** | **Pathology** |  |  |  |  |  |  |
| **5.** | **Microbiology** |  |  |  |  |  |  |
| **6.** | **Pharmacology** |  |  |  |  |  |  |
| **7.** | **Forensic Medicine** |  |  |  |  |  |  |
| **8.** | **Ophthalmology** |  |  |  |  |  |  |
| **9.** | **Otorhinolaryngology** |  |  |  |  |  |  |
| **10.** | **Community Medicine** |  |  |  |  |  |  |
| **11.** | **Medicine** |  |  |  |  |  |  |
| **12.** | **Surgery** |  |  |  |  |  |  |
| **13.** | **Obst. & Gynae** |  |  |  |  |  |  |
| **14.** | **Pediatrics** |  |  |  |  |  |  |

1. **Post-graduation Qualifications:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***S. N.*** | ***Examination*** | ***Year*** | ***University*** | ***Institution*** | ***Subject*** | ***Recognized by M.C.I. Yes/No*** |
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***(Attested Copies of M.B.B.S. Degree and certificate of having passed/appeared in the M.D./M.S. examination to be enclosed)***

1. Are you in Service Yes/No

If yes, name of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whether permission of Employer enclosed Yes/No

**Declaration**

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/admission may be cancelled.

Date and Place Signature of the Candidate

**For Candidate in Service**

I/We have no objection if Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appears in the Entrance Examination (Session 2014) for admission to Post M.D.-Ph.D. course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If selected, he/she will be sanctioned leave for at least 2 years and will be relieved in time for joining the course.

Date and Place Signature & Seal of Employer

**To be filled by the Candidate:**   
***Application Fee:*** Kindly submit a draft of Rs. 1500/- (Rupees One Thousand and Five Hundred Only) in favour of “KGMU-PhD Program A/c No. 1038401” payable at Lucknow

Amount: Rs. 1500/- (Rupees One Thousand and Five Hundred Only)

Draft Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sl. No. ………….

**Important Dates:**

* ***Last date of submission of Completed Application forms 3rd March 2014 (Monday).***
* ***The written examination will be held on 11th April 2014 (Friday) from 11.00 AM.***
* ***Interview will start at 11.00 A.M. on 12th April 2014 (Saturday).***

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| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**King George’s Medical University, U.P., Lucknow**

**(Post M.D. – Ph.D. Entrance – 2014)**

**Verification Sheet**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested by Head of the Institution from which he/she has passed M.B.B.S./M.D./M.S.

(To be filled in by the candidate)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From which the candidate has passed M.D./M.S.)

1. Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator**

Post MD-PhD Entrance Examination-2014

King George’s Medical University, U.P.,

Lucknow

Sl. No. ………….

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| --- | --- | --- | --- | --- | --- |
| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**King George’s Medical University, U.P., Lucknow**

**(Post M.D. – Ph.D. Entrance – 2014)**

**Admit Card**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested by Head of the Institution from which he/she has passed M.B.B.S./M.D./M.S.

(To be filled in by the candidate)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From which the candidate has passed M.D./M.S.)

1. Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator**

Post MD-PhD Entrance Examination-2014

King George’s Medical University, U.P.,

Lucknow

**Important:**

* 1. Post M.D. - Ph.D. Entrance Written Examination will be held on ***11th April 2014*** at ***11.00 AM*** in the ***Administrative Block, King George’s Medical University, U.P., Lucknow***.
  2. Please report 15 minutes before the time of examination.
  3. Please be seated 10 minutes before the time of Examination.