

Dayanand Medical College & Hospital, Ludhiana

Application Form for DM/MCh/MD/MS/ Training in Ultrasonography Courses-2021

(To be submitted after selection by BFUHS)

Downloaded Application forms must be accompanied by application fee

Paste attested PP
size Photograph
as
on
NEET-PG/SS 2021
Admit Card
(DONOT staple)

Internship completed by 30.09.2021: Yes No

MBBS from : GMC,Asr GMC,Patiala GGSMC, Fdk DMCH, Ldh CMCH, Ldh
 PIMS, Jal SGRD,Asr GianSagar, Banur Adesh, Bathi OutsidePunjab OutsideIndia

Quota and Category State?

| | |
|----------------------------------|---|
| Govt. Quota | <input type="checkbox"/> IP <input type="checkbox"/> SC <input type="checkbox"/> BC <input type="checkbox"/> HC |
| Management Quota (exculding NRI) | <input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> BC <input type="checkbox"/> HC |
| NRI seats | <input type="checkbox"/> NRIs who originally belonged to the State of Punjab <input type="checkbox"/> NRIs who originally belonged to Indian State other than Punjab <input type="checkbox"/> Left over NRI seat. |

NEET-PG/SS 2021

| | |
|-------------------------------------|--|
| Roll No <input type="text"/> | score <input type="text"/> |
| All India Rank <input type="text"/> | Punjab State Rank <input type="text"/> |
| Category Rank <input type="text"/> | |

If Prospectus is downloaded from the internet :

| | |
|--|---|
| Receipt/Draft No. : <input type="text"/> Amount : Rs. 3,000/- for NRI seats and Rs. 1,500/- for non-NRI | Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> d d m m y y </div> |
| Issuing Bank & Branch: _____ N.B. Draft must be payable at Ludhiana | |

Personal Information

| | |
|--|---|
| Candidate's Name (as on MBBS degree / certificate) : | |
| <input type="text"/> | |
| Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> d d m m y y </div> | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Married : <input type="checkbox"/> Yes <input type="checkbox"/> No Separated : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cell Phone No. <input type="text"/> | email ID: _____@_____ |
| Landline Phone : Country Code: <input type="text"/> | STD Code : <input type="text"/> Phone No: <input type="text"/> |

Mailing address :

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

City

Pin code

Permanent address

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

City

Pin code

Parents/Spouse

| Family | Name | Contact Phone No | | email ID |
|---------------------------|------|------------------|--------|----------|
| | | Landline | Mobile | |
| Father | | | | |
| Mother | | | | |
| Spouse (if applicable) | | | | |

MBBS Career

| Examination | College | Extra Attempts | Marks Obtained | Maximum Marks |
|-----------------------|---------|----------------|----------------|---------------|
| 1 st Prof. | | | | |
| 2 nd Prof. | | | | |
| Final Part I | | | | |
| Final Part II | | | | |

Duration of Internship From _____ To _____ Name of Institution(s) _____

Post Graduation Qualification (if applicable) _____

Course & Discipline _____ Institution _____ Extra attempt(s) _____

Year of Passing _____ University/ Board _____

no of beds in institute (DNB candidate Only) _____

Marks Obtained _____ Maximum Marks _____

Course & Discipline joined (MD / MS / DM / MCh) _____

I hereby agree to abide to the rules and regulations in force at present or that may be made hereafter by the administration of the College and undertake that I shall do nothing inside or outside the college that will interfere in the orderly administration and discipline.

| | |
|--|--|
| Left Thumb Impression of Male Candidate | |
| Right Thumb Impression of the Female Candidate | |

I Have enclosed the documents as per checklist on the page 52 of prospectus

Signature of the Candidate

Date

Place