

# Rajasthan University of Health Sciences, Jaipur

## Pre. D.M./M.Ch. Examination-2009

### **NOTIFICATION**

Rajasthan University of Health Sciences, Jaipur will held on Entrance Exam. for admission to the D.M./M.Ch. courses on June **14, 2009** at Jaipur followed by Clinical/Practical Exam **and interview on June 15, 2009**. The Candidates desirous of admission to these Courses must possess their MD/MS degree in the following specialities from the University recognized by Medical Council of India. The details are as under:-

**M.Ch. Course:** Cardiovascular and Thorasic Surgery, Neurosurgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology. **Eligibility:** M.S. General Surgery,

**D.M. Course:** Cardiology, Medical Gastroenterology, Nephrology, Neurology. **Eligibility:** M.D. General Medicine/Paediatrics.

The application form and instructions for the Entrance Examination can be downloaded from the University web site [www.ruhsraj.org](http://www.ruhsraj.org) w.e.f. 20-5-2009. A DD of Rs. 2000/- (Two Thousand Rupees only) in favour of the Registrar, RUHS, payable at Jaipur has to be remitted together with the application form.

Completed application form must reach the Convener's office at **Sector-18, Kumbha Marg, Pratap Nagar, Jaipur** on or before **05-06-2009** (Friday) by 4.00 PM sharp. **Separate form has to be submitted for each specialty.** Incomplete application forms shall be rejected.

**(Dr. S.M. Sharma)**  
Convener  
Pre-D.M./M.Ch. Examination – 2009

# RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

## Pre D.M. / M. Ch. Examination 2009

For admission to D.M./M. Ch. Courses

### ADMISSION CARD

Roll No.....  
(Leave Blank)

[Candidate must fill in his/her name and father's name in his/her own writing.]

Please admit Dr. ....

Son/Daughter of Mr./Ms./Dr. ....

to **the Pre D.M. / M. Ch. Examination 2009**

in the subject -----

which will be held on -----

at the following examination centre : -----

AFFIX YOUR  
RECENT  
PHOTOGRAPH

Duly signed by the candidate and attested by the Principal of his/her Medical College/or DMHS, Jaipur / concerned HOD where he/she serving.

( **Dr. S.M. Sharma** )

**Convener**

Pre D.M./M.Ch. Examination 2009

### INSTRUCTIONS

1. The Pre D.M./M.Ch. Examination-2009 shall be conducted at Jaipur only. All candidates are required to appear at the Pre D.M./M.Ch. Examination-2009 at their own expenses.
2. The candidates are expected to take their seats 15 minutes before commencement of the examination. No candidate coming after 15 minutes of the commencement of the examination shall be permitted to appear in the examination.
3. Candidate will be required to produce **Admission Card** before he/she is allowed to enter the examination centre.
4. Candidate must bring two **blue/black ballpoint pens**.
5. No candidate shall be allowed to carry any text material written or printed, bits of paper or any other material except the **admission card** inside the room/hall. **Cellular/Mobile phone/Pager/Calculator etc. will not be permitted in the examination room/hall.**
6. The candidate shall maintain silence during the examination. Any disturbance created by the candidate during examination will be deemed misbehaviour and the candidate involved in such activity shall forfeit his/her right to continue in the examination. The decision of the Centre Superintendent shall be final and conclusive in the matter.
7. **No candidate shall be allowed to go outside the examination room/hall till the completion of the examination.**
8. Writing anything on the **Admission card** or any stray paper will be treated as unfair means. Candidate should not temper with the question booklet or tear any page out of it.
9. The Jurisdiction of the court cases will be **Jaipur** only.

**Pre. D.M./M.Ch. Exam. 2009**  
(Medical Gastroenterology - 1 seat, Urology – 1 seat)

**FOR IN-SERVICE CANDIDATES ONLY**

1. Name.....
2. Designation and Present Place of Posting.....
3. R.P.S.C. Selection Order No. & Date.....
4. Date of Joining and Place.....

AFFIX YOUR  
RECENT  
PHOTOGRAPH

Duly signed by the  
candidate and attested  
by Principal Medical  
College/Director,  
Medical & Health  
Services, Jaipur

**DECLARATION**

I have served the Government of Rajasthan continuously since \_\_\_\_\_ and rendered services of  
Yrs.

Dated.....

Signature of the Candidate

**CERTIFICATE**

No.

Date:

This is to certify that Dr. ....

Son/Daughter of .....is posted at.....

She/He was appointed vide State Government Order No. ....Dated.....

and served the State Government from.....to..... His  
date of birth is .....

It is certified that he/she is eligible for admission to postgraduate courses through the Pre.  
D.M./M.Ch. Examination 2009 under the **In-Service** category as per University Ordinances O.278,  
as modified and adopted by Rajasthan University of Health Sciences, Jaipur Government of Rajasthan  
rules and directives in force.

Date:

Jaipur

**Principal Medical College**  
or  
**Director**  
**Medical & Health Services**  
**Government of Rajasthan, Jaipur**  
(Seal)

Price: By D.D. Rs.2000/-

# RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

Application Form for Pre D.M./M.Ch. Examination- 2009

For admission to D.M./M.Ch. Courses

(To be kept in the record of the University)

Signature of the candidate	
Specimen Signature	Signature to be taken in the examination Hall

**AFFIX YOUR  
RECENT  
PHOTOGRAPH**

Duly signed by the candidate and attested by Principal of his/her Medical college/or DMHS, Jaipur / concerned HOD where he/she serving.

Enter the Opted Subject Code (only one subject can be opted in one form):

<b>D.M.</b>	<b>M.Ch.</b>		
Cardiology	<b>11</b>	Cardio Vascular and Thoracic Surgery	<b>21</b>
Nephrology	<b>12</b>	Neurosurgery	<b>22</b>
Neurology	<b>13</b>	Paediatric Surgery	<b>23</b>
Medical Gastroenterology	<b>14</b>	Plastic and Reconstructive Surgery	<b>24</b>
		Urology	<b>25</b>



1. Full Name .....
2. (a) Father's Name .....
- (b) Mother's Name .....
3. Date of Birth and Age .....
- (as on 01-06-2009)

4. Academic Qualifications: Particulars of M.D./M.S. Examination

M.D./M.S. Branch offered	University	Name of College/Institute	Roll No.	Year of Passing	Number of Attempts

*Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the MD/MS Examinations mentioned above.*

5. If in service, please state the Designation and Date of Appointment (Enclose relevant certificate)

Designation \_\_\_\_\_

Name of Hospital/Institute \_\_\_\_\_

6. Nationality .....

7. Sex .....

8. Academic Qualifications: Details of Marks obtained in M.B.B.S. Examination.

MBBS	Name of the University/ Institutions	State in which College/ Institution situated	Month & Year of Passing	Percentage of Marks Obtained	Total No. of times appeared in the examination including the one in which passed
I <sup>st</sup> MBBS					
2 <sup>nd</sup> MBBS					
Final MBBS					

Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the MBBS Examinations mentioned above.

9. Details of total marks in M.B.B.S. Professional wise (to be filled in upto the number of Professional by the different Universities.)

S.No.	M.B.B.S. Professional	Marks Obtained	Max. Marks	Number of Attempts
1				
2				
3				
4				
Grand Total			Percentage	

Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the Examinations mentioned above.

10. Full Postal Address .....
- .....
- City .....PIN.....
- Telephone Nos.(with STD codes) (R) ..... (O) .....
- (M)..... (Fax).....
11. State/Union Territory to which you belong .....

**DECLARATION**

*I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application form and also in the enclosures submitted by me are true and correct. I have not kept any information secret. Should it, however, be found that any information furnished herein is fraudulent/incorrect or untrue in material particulars, I realize that I am liable to criminal prosecution. I agree to abide by the Rules and Regulations governing this examination and as contained in the instruction booklet. I understand that my admission will be provisional and if at any later stage, I am found ineligible, it will automatically stand cancelled.*

Date: .....  
Place: .....

**Signature of the Candidate**

# RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

Application Form for Pre D.M./M.Ch. Examination- 2009  
For admission to D.M./M.Ch. Courses  
(To be kept in the record of the University)

**AFFIX YOUR  
RECENT  
PHOTOGRAPH**

Duly signed by the candidate and attested by Principal of his/her Medical college/or DMHS, Jaipur/ concerned HOD where he/she serving.

*To be filled in by the candidate*

D.D.No. .... Dated ..... Amount **Rs.** .....

Bank.....

Enter the Opted Subject Code (only one subject can be opted in one form):

<b>D.M.</b>		<b>M.Ch.</b>	
Cardiology	<b>11</b>	Cardio Vascular and Thoracic Surgery	<b>21</b>
Nephrology	<b>12</b>	Neurosurgery	<b>22</b>
Neurology	<b>13</b>	Paediatric Surgery	<b>23</b>
Medical Gastroenterology	<b>14</b>	Plastic and Reconstructive Surgery	<b>24</b>
		Urology	<b>25</b>



- Full Name .....
- (a) Father's Name .....
- (b) Mother's Name .....
- Date of Birth and Age (as on 01-06-2009) .....
- Academic Qualifications: Particulars of M.D./M.S. Examination

M.D./M.S. Branch offered	University	Name of College/Institute	Roll No.	Year of Passing	Number of Attempts

Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the MD/MS Examinations mentioned above.

- If in service, please state the Designation and Date of Appointment (Enclose relevant certificate)

Designation \_\_\_\_\_  
Name of Hospital/Institute \_\_\_\_\_

- Nationality .....
- Sex .....

8. Academic Qualifications: Details of Marks obtained in M.B.B.S. Examination.

MBBS	Name of the University/ Institutions	State in which College/ Institution situated	Month & Year of Passing	Percentage of Marks Obtained	Total No. of times appeared in the examination including the one in which passed
I <sup>st</sup> MBBS					
2 <sup>nd</sup> MBBS					
Final MBBS					

*Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the MBBS Examinations mentioned above.*

9. Details of total marks in M.B.B.S. Professional wise (to be filled in upto the number of Professional by the different Universities.)

S.No.	M.B.B.S. Professional	Marks Obtained	Max. Marks	Number of Attempts
1				
2				
3				
4				
Grand Total			Percentage	

*Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the Examinations mentioned above.*

10. Full Postal Address .....

.....

City .....PIN.....

Telephone Nos.(with STD codes) (R) ..... (O) .....

(M)..... (Fax).....

11. State/Union Territory to which you belong .....

**DECLARATION**

*I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application form and also in the enclosures submitted by me are true and correct. I have not kept any information secret. Should it, however, be found that any information furnished herein is fraudulent/incorrect or untrue in material particulars, I realize that I am liable to criminal prosecution. I agree to abide by the Rules and Regulations governing this examination and as contained in the instruction booklet. I understand that my admission will be provisional and if at any later stage, I am found ineligible, it will automatically stand cancelled.*

Date: .....

Place: .....

Signature of the Candidate

**RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR**

Application Form for Pre D.M./M.Ch. Medical Examination- 2009

For admission to D.M./M.Ch. Courses

**SUMMARY SHEET**

Enter the Opted Subject Code (only one subject can be opted in one form):

**D.M.**

Cardiology

Nephrology

Neurology

Medical Gastroenterology

**11****12****13****14****M.Ch.**

Cardio Vascular and Thoracic Surgery

Neurosurgery

Paediatric Surgery

Plastic and Reconstructive Surgery

Urology

**21****22****23****24****25**

1. Full Name .....
2. (a) Father's Name .....
- (b) Mother's Name .....
3. Date of Birth                      Date                      Month                      Year
4. Telephone Nos.(with STD codes)    (R) .....    (O) .....
- (M).....    (Fax).....
5. Full Address .....
- .....
- .....
6. Academic Qualifications: Particulars of M.D./M.S. Examination

M.D./M.S. Branch offered	University	Name of College/Institute	Roll No.	Year of Passing	Number of Attempts

*Attach attested copies of the Degree, Provisional Certificate and Mark-sheets related to the MD/MS Examinations mentioned above.*

7. If in service, please state the Designation and Date of Appointment (Enclose relevant certificate)  
Designation  
Name of Hospital/Institute
8. Number of attempts in M.D./M.S. Examination .....
9. Number of attempts in M.B.B.S. Examination .....
10. Maximum Marks of Final M.B.B.S. Examination .....
11. Marks Obtained in Final M.B.B.S. Examination .....

Signature of the Candidate

Date:

Place:

# RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

## INSTRUCTIONS FOR THE COMPETITIVE ENTRANCE EXAMINATION, 2009 FOR ADMISSION TO D.M./M.Ch. COURSES.

1. The Competitive Entrance Examination for D.M./M.Ch. Courses will be held at Jaipur on 14-6-2009, as per programme to be communicated along with Admission Card. In case you do not receive Admission Card by 12.06.2009, you may contact Convener's Office for the provisional admission card with one attested photo (on back attested by Gazetted Officer) on 13-06-2009 between 11.00 AM – 2.00 PM in person or at the examination centre before one hour of the commencement of examination. The entrance examination will be followed by the clinical/practical examination and interview on June 15, 2009, the programme of which will be notified separately during the theory examination.

Office Phone No. Convener:- 0141- 2795527

2. The Examination will be held for the following specialities :

Courses	Subject	Code No.	Number of Seats
<b>D.M.</b>	1. Cardiology	11	4 Seats (2 JPR, 1 each of Bikaner/Udaipur)
	2. Nephrology	12	
	3. Neurology	13	1 Seat
	4. Medical Gastroenterology	14	2 Seats 2 Seats (*1seat)
<b>M.Ch.</b>	1. Cardio Vascular and Thoracic Surgery	21	2 Seats
	2. Neurosurgery	22	3 Seats
	3. Paediatric Surgery	23	2 Seats
	4. Plastic and Reconstructive Surgery	24	2 Seats
	5. Urology	25	2 Seats (*1seat)

\* For In-service candidate (Rajasthan Medical Service [Collegiate branch] or Rajasthan State Medical Service after regular selection by RPSC) and bond of 20 lac. is to be furnished on selection.

3. The candidate seeking admission to D.M./M.Ch. course must possess M.D.(Paed./Gen. Medicine)/M.S.(Gen. Surgery) Degree from the University of Rajasthan or any other University recognized by MCI.
4. The application form duly filled in and supported by the required documents is to be sent to **Convener D.M./M.Ch. Examination-2009, Rajasthan University of Health Sciences, Sector-18, Kumbha Marg., Pratap Nagar, Jaipur by 05.06.2009 up to 4.00 PM (sharp).**
5. Application forms found incomplete or received late shall be rejected without any intimation. **Examination fees once deposited will not be refunded.**
6. Selection of Candidate for D.M./M.Ch. Courses under Ordinance 278(D) will be made as per the procedure given below:-

1. Pre-Selection of candidates for these course will be made on the basis of multiple-choice questions carrying 80 marks. The Theory Examination is of 90 minutes duration. The questions will be from applied basic sciences and general subjects of Medicine (for DM) Surgery (for M.Ch.) directly or indirectly in reference with the concerned superspecialities of the standard of MD/MS Examination.

**Marking Scheme:- One mark will be awarded for each correct answer. One quarter mark will be deducted for each wrong answer. More than one answer for single question will be considered as wrong.**

2. Candidates found suitable on the basis of marks obtained in the theory examination will be required to appear in clinical/practical examination in the subject concerned. Separate merit lists will be prepared for each subject.

The number of candidates eligible to appear in the clinical/practical examination will, however, be limited to FIVE TIMES the number of seats to be filled in each subject. The candidates will be invited for the clinical/practical examination strictly in order of merit in the respective super specialty.

3. Clinical/Practical Examination Conducted by the Department concerned carries 20 marks. The general cases of the concerned superspeciality will be kept alongwith X-rays instruments and pathology specimens. Three senior members of the concerned department under the governorship of Head of department will conduct it.
4. Based on the aggregate marks obtained by the candidates for (i) Theory Paper and (ii) Clinical/Practical and Viva-Voce Examination, merit list will be prepared subject wise separately. The candidates will then be interviewed by the Selection Committee comprising of Hon'ble Vice Chancellor of the concerned super speciality for the purpose, which will recommend name of those found suitable for admission. The selection shall be finalized only after candidates are interviewed by the selection committee. The interview by the selection committee is mandatory. **A candidate who is absent at the time of interview will not be considered for admission.** The interview with the selection committee does not carry any marks.

#### **Inter-se merit**

If two or more candidates obtain equal marks in the entrance examination, then their inter-se-merit for selection shall be determined on the basis of the following:

- (a) A candidate, who has taken more attempts in passing the MD/MS Examination, shall rank below the candidate who has taken less number of attempts.
- (b) If the number of attempts taken in passing the MD/MS Examination is equal then a candidate who has taken more attempts in passing various professional M.B.B.S. examination shall rank below the candidate who has taken less attempts.
- (c) If attempts in passing MD/MS Examination as also the M.B.B.S. professional examination are also the same then a candidate who has obtained higher marks in the final M.B.B.S. examination shall rank higher to candidate who has obtained less marks.
- (d) If the attempts made in passing MD/MS and M.B.B.S. professional examination as also the marks obtained in M.B.B.S. final examination are the same, then a candidate senior in age shall rank higher to the candidate who is junior in age.

#### **Period of Joining**

A maximum of 15 days will be allowed to the candidate to join the course after which the candidate appearing next in merit will be given admission.

#### **Period of Training**

The period of training for obtaining D.M./M.Ch. degree shall be three completed years (including the examination period) after obtaining MD/MS degree, or equivalent recognised qualifications in the required subject. Migration/Transfer of Postgraduate students from Medical College or Institution to another or migration/transfer of students undergoing any postgraduate course degree/diploma shall not be permitted by University or any authority.

**(Dr. S.M. Sharma)**

**Convener,**

**Pre-D.M./M.Ch. Examination, 2009**