

Form No.
(Leave blank)

Roll No.
(Leave blank)

Price: Rs. 3000/-

RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

Sector-18, Kumbha Marg, Pratap Nagar, Jaipur - 302033



Application Form Pre D.M./M.Ch. Examination-2010

(To be filled in two copies)

Affix recent
Passport size
photograph
duly signed by the
candidate and
attested by Principal of
his/her medical college or
DMHS, Jaipur / concerned
HOD where he/she is
serving / or Gazetted
Officer

D.D. No. Date..... Amount Rs. 3,000/-, Bank & branch

Subject option (separate form and fee for each option)

D.M.	Code		M.Ch.	Code	
Cardiology	11	<input type="checkbox"/>	Cardiovascular and Thoracic Surgery	21	<input type="checkbox"/>
Nephrology	12	<input type="checkbox"/>	Neurosurgery	22	<input type="checkbox"/>
Neurology	13	<input type="checkbox"/>	Paediatric Surgery	23	<input type="checkbox"/>
Medical Gastroenterology	14	<input type="checkbox"/>	Plastic and Reconstructive Surgery	24	<input type="checkbox"/>
			Urology	25	<input type="checkbox"/>

- Name of the Candidate (in block letters)
- Father's Name
- Mother's Name
- Date of Birth (in figures) (in words)
(as on 01.06.2010)
- Present communication address
..... Pin code
- Phone (with STD code) (R)(O) Mobile
- Email ID
- Permanent Address
..... Pin code
- Nationality State/Union territory Sex

8. If in service, write date of appointment Designation

Name of Hospital/Institute (current)
 (attach relevant certificate)

9. Academic Qualification: Particulars of M.D./M.S. examination

Name of PG Degree	Branch/subject	Name of University	Name of College/Institute	Enrollment No.	Year of Passing

Specify years of attempts if more than one _____

10. Academic qualification: Details of marks obtained in MBBS or equivalent examination.

MBBS	Name of the University	Name of institution, State	Month & Year of Passing	Percentage of marks obtained	number of attempts
1st MBBS					
2nd MBBS					
Final MBBS					

11. Details of total marks in MBBS professional wise (to be filled in upto the number of Professional by the different Universities in 1st MBBS, 2nd MBBS and final MBBS single or two parts).

S.No.	M.B.B.S. professional	Marks obtained	Max. marks	Number of attempts
1.				
2.				
3.				
4.				
Grand Total				

12. Left thumb impression Right thumb impression

Attested by Principal Medical College / DMHS, Jaipur / concerned HOD where serving or Gazetted Officer _____

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 concealed or 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.

Place: _____ Applicant's Signature

Date: _____ Full Name

ENCLOSURES (attested photocopies):

Degree/provisional certificate, marksheet, of the MD/MS and MBBS/MBBS professional examination;
 Service certificate, if in service and demand draft.

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ADMIT CARD

Pre D.M./M.Ch. Examination-2010

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1. Roll No.
(leave blank)
2. Name of the candidate (in block letters)
3. Father's Name
4. Subject(s) for entrance examination
5. Name and address of center
6. Date, time

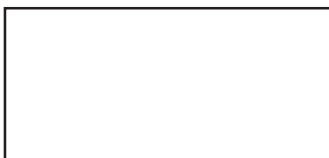
Signature of candidate

Signature of Center Superintendent

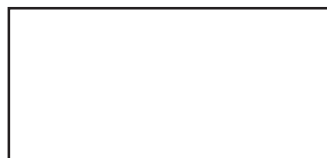
Convener

TO BE TAKEN IN THE EXAMINATION HALL

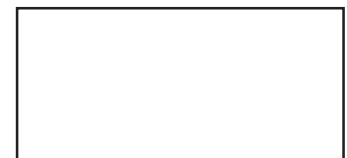
(Leave blank)



Left thumb impression



Right thumb impression



Signature

Name in English Current mobile no.

RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

Sector-18, Kumbha Marg, Pratap Nagar, Jaipur - 302033



Pre D.M./M.Ch. Examination-2010

FOR IN-SERVICE CANDIDATES ONLY

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Officer

1. Name of the candidate (in block letters)
2. Designation and Present place of posting
3. R.P.S.C. Selection order no. & date
4. Date of joining and place of posting
5. Name of State service
6. Date of Passing MD/MS

Declaration

I have served the Government of Rajasthan continuously since and rendered services of years

Date:

Signature of 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/her date of
birth is

It is certified that she/he is eligible for admission to super speciality course(s) through the Pre D.M./M.Ch. examinations-2010 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/
Director Medical & Health Services
Government of Rajasthan, Jaipur
(Seal)