



Leave this space blank

**Subject :** ..... (Use separate form if applying for more than one course)

1. Name of the Candidate in Block Letters :


2. Father's/Guardian's Name :


Paste your recent  
 Photograph with  
 Name and Date  
 in front of chest

3. Date of Birth :          
                                   D D        M M        Y Y        Y Y

4. Age on 1<sup>st</sup> January, 2016 :        
   Y Y        M M        D D

5. Whether Citizen of India : Yes / No (Strike out whichever is not applicable)

6. Sex : Male / Female (Strike out whichever is not applicable)

7. Caste : (Put tick mark in the appropriate box) : GEN  SC  ST  OBC  MOBC  OTHERS

8. Religion : .....

9. Medical Council Registration No. .... (State : .....)

10. Permanent Address in Block Letters :


Pincode

11. Present Postal Address in Block Letters (In case different from Permanent Address):


Pincode

Tel. No.

Mobile No.

Email Address :

12. Whether claimed for relaxation of age : Yes / No (Strike out whichever is not applicable) (Specify, if 'Yes' : .....

13. Educational Qualification

(i) MBBS Examination :

Year of Passing :	<input type="text"/>	Number of attempts :	<input type="text"/>
Institution :	<input type="text"/>	University :	<input type="text"/>
	Examination	Percentage of Marks	Aggregate Percentage of Marks
	1st MBBS	<input type="text"/>	<input type="text"/>
	2nd MBBS	<input type="text"/>	
	Final MBBS (3 <sup>rd</sup> MBBS-Pt I & Pt II)	<input type="text"/>	

(ii) Rotatory Internship :

Date of Completion :		Institution/University :	
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(iii) M.D./M.S. :

Year of Passing :		Number of attempts :	
Institution :		University :	

14. Whether teaching in Medical College of the State : Yes / No (Strike out whichever is not applicable)  
If 'Yes' :

Name of College :		Date of joining after Regularization :	
Designation :		Department :	

15. Whether working in any other hospital : Yes / No (Strike out whichever is not applicable)  
If 'Yes' :

Name of Hospital :		Date of joining:	
Designation :			

16. Whether undergoing any Post Doctoral Degree Course in any other Institution : Yes / No (Strike out whichever is not applicable)  
\*If 'Yes', give details of course and Institution where studying  
\*If 'No', undertaking is to be submitted in this regard.

17. Declaration :

*I hereby declare that all the information given in this application form is true.*

*I understand that the decision of the selection committee regarding my selection for the Post Doctoral Degree Course (DM/MCh in ..... ) is final and I shall abide by the decisions.*

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

Signature of the Applicant

(Name of applicant: .....)

**Important information :**

1. Last date for submission of filled in Application Form is **13<sup>th</sup> June, 2016** upto **5 PM** at the Office of the Principal, Gauhati Medical College, Guwahati.
2. Please carefully go through the INFORMATION BROCHURE for Admission into Post Doctoral (D.M. and M.Ch.) Degree Courses in Gauhati Medical College, Guwahati, Assam, available at University website [www.ssuhs.in](http://www.ssuhs.in) before filling up the Application Form.
3. While filling up the Application Form use capital letters only. Use blue or black pen only to fill up the form.
4. Enclose Photocopies of the following supporting documents duly attested by Gazetted Officer.
  - a) Proof of Age (HSLC or Equivalent Examination Admit Card / HSLC or Equivalent Examination pass certificate)
  - b) Mark sheets and pass certificate of all MBBS examinations
  - c) Proof of Residence (Permanent Residency Certificate)
  - d) Pass Certificate of Postgraduate Degree Examination
  - d) Permanent registration certificate of State Council for Medical Registration or Medical Council of India
  - e) Caste certificate issued by the competent authority. (Wherever applicable)
  - f) Experience Certificate/Academic activities
5. Two recent photographs must be enclosed (All photographs must be identical and should not have cap and it must be clear)
6. Application submitted without the signature of the applicant in the space provided will not be accepted.
7. Incomplete Application Form or Application accompanying false information will be summarily rejected.
8. An Examination Fee of **Rs. 5,000/- (Rupees Five thousand only)**, which is nonrefundable, is to be paid in the form of Bank Draft/Banker's Cheque drawn in favour of "**Srimanta Sankaradeva University of Health Sciences**" payable at **'SBI, GMC Branch, Guwahati** and the Bank Draft/Banker's Cheque is to be attached with the Application Form during submission. Please note that Bank Draft/Banker's Cheque payable in any other Bank or Branch will not be acceptable and Application Form will be rejected.
9. A valid Email address and Mobile No. are mandatory for further communication.