

(c) Reg. No. of Delhi Medical Council

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Dated

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(d) Reg. No. of MCI

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Dated

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(e) Reg. No. of State Medical Council

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Dated

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3. Date of Birth (as per Matriculation Certificate)

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4. Local address for correspondence.

Name.....

Address.....

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Pin-----

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Telephone No.(Residence)..... Mobile No

E-Mail.....

5. Permanent Address :-

Name.....

Address.....

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Pin-----

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Telephone No. (Residence)..... Mobile No

E-Mail.....

6. Educational Qualifications :-

a).

Examination Passed	Name of university /Board / State	Year of Passing	Roll No
1. M.B.B.S.			
2. CET-NBE			
3. PG. Qualification (Diploma)			

- b). Year of admission to M.B.B.S.....
- c). Date of completing internship
- d). Date of completing House-Job / Junior Residency (where applicable).....
- e). Medals or Prizes won.....
- f). Papers published / Conferences attended (i)
- (ii).....
- (iii).....
- (iv).....

7. Details of **marks obtained** in the M.B.B.S. Course :-

a). Ist M.B.B.S. Passed in the year.....

Subject	Total Marks	Marks Obtained	Percentage	No. of attempts

b). IInd M.B.B.S. Passed in the year.....

Subject	Total Marks	Marks Obtained	Percentage	No. of attempts

c). Final M.B.B.S. - Part I Passed in the year.....

Subject	Total Marks	Marks Obtained	Percentage	No. of attempts

d). Final M.B.B.S. - Part II Passed in the year.....

Subject	Total Marks	Marks Obtained	Percentage	No. of attempts

8. DETAILS OF HOUSE JOB/ JUNIOR RESIDENCY done and IN WHICH DEPARTMENT OF ANY RECOGNISED INSTITUTION / HOSPITAL: (where applicable)

Speciality/ Discipline/ Department	Name of the Hospital	Designation	Period		Total Period
			From	To	

9. I hereby declare that

- a. Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- b. I understand that in case any information provided by me is found to be incorrect/false, I will be liable for any such disciplinary action including cancellation of admission as deemed necessary by the hospital.
- c. I agree to undergo the training in the course applied for, and, undertake to abide with the Rules & Regulations of Indraprastha Apollo Hospitals, New Delhi -110076.

Candidate's Name in block letters

Signature of the Candidate

Date: / /

LIST OF DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

Please enclose attested copies by a Gazetted Officer/Self Attested copy of the following certificates with the application in the order given below:

- a). M.B.B.S. Degree
- b). M.B.B.S. detailed marks certificates (1st, 2nd & Final M.B.B.S.)
- c). Certificate of CET-NBE DNB Primary Exam / CET Super Speciality
- d). Post Graduate Degree/Diploma (recognized by MCI / DNB) - where applicable.
- e). Certificate of House Job done from the Head of the Institution with exact dates in each speciality.
- f). Self-attested copies of Matriculation / Higher Secondary certificate/ Driving Licence/ Passport showing date of birth.
- g). Employer's NOC (No Objection Certificate), if you are in service.
- h). Registration Certificate of Delhi Medical Council.
- i). Demand Draft of Rs. 1000/- for each Specialty applied for.
- j). Two recent Passport-sized photographs pasted on a sheet of Paper duly self attested.