

Application form for Admission of Candidates to Diploma Courses in the State of Meghalaya (Affiliated to College of Physicians and Surgeons, Mumbai)

(FOR REGULAR IN SERVICE DOCTORS/ ADHOC/ PRIVATE DOCTORS
SERVING IN PRIVATE HEALTH INSTITUTIONS)

- Please read the Rules and the Instructions carefully before filling this form
- Application procured from a source other than authorized source will be rejected.
- Use blue or black ball pen for filling form.

1. Name (in Block Letter)

2. Father's Name

3. Mother's Name

4. Permanent Address :

Address :

Village:

State:

5. Mobile No.

6. E-Mail address (if any)

7. Date of Birth :

8. Nationality :

9. Religion :

10. Tribe Khasi & Jaintia Garo Other Tribe (Please indicate the tribe).

11. Are you indigenous inhabitant of Meghalaya/ a Permanent Resident of Meghalaya:

12. Present Address:

Address :

Village:

State:

13. Academic Record

Examination	Name of University Board/ Council etc	Institute from where passed	Year of passing	Division/ Class
MBBS				
Others				

14. Date of Joining Govt. Service as regular in service/ Adhoc 3(f)

Present Posting

15. NEET – PG:

- i. Roll Number :
- ii. Marks Secure :
- iii. Percentile Score :
- iv. All India Rank :

16. Preference:

- a. DGO b. DCH

The following documents, self-attested, must be attached with the application form at the time of submission.

A. All applications should be accompanied with:

- I. 2(two) self-attested passport size photograph (write your name at the back side of your photograph).
- II. Self-Attested Evidence of Age/Admit Card of SSLC/CBSE/ICSC or University Board's Certificate of these Examinations).
- III. Self-Attested NEET PG Result.
- IV. Self-Attested Character Certificate from the Head of the Institution in which the candidate is serving.
- V. Self-Attested Mark Sheet and Pass Certificate of MBBS from concerned university and MCI/State Medical Council Registration Certificate.
- VI. Self-Attested Certificate of nativity or permanent residence and Schedule Caste/Schedule Tribe Certificate issued by the Office of the Deputy Commissioner/Sub-Divisional Officer (Civil) of the Government of Meghalaya.
- VII. Self attested copy of registration number.

B. Incomplete forms will be rejected.

DECLARATION BY THE CANDIDATE

I here certify that the above statement of particulars is true in all respects and that I shall be liable to legal action if they are found to be false.

Date:

Place:

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Signature of the Candidate in full