Seth GS Medical College & KEM Hospital
Parel, Mumbai 400012.

Application form for Post graduate Fellowship/Certificate Courses
(under the aegis of the Maharashtra University of Health Sciences)

Last date for receipt of application forms - Tuesday 16 Aug 2016, 16.00 hrs (4pm) at the respective departments [for example – All Pathology application forms to be submitted to Pathology department]

Download this form, print it, fill it completely and submit as mentioned above

For Office use only
Name of the HOD/PG teacher under Whom student admitted provisionally
For fellowship/certificate course-----------------------------------------------

Term -------------------(mth and year) to-------------------(mth and year)

Date-

Dean
Seth GS Medical College

Sir

I …………………………..(name) wish to apply for fellowship/certificate (strike out whatever is not applicable) course in …………………………………………………

……………………………………
(please see the attached table and write name and serial number of fellowship/certificate course)

If selected, I will pay the prescribed fees as per guidelines of the Maharashtra University of Health Sciences
**Applicant’s particulars**

1. Name in full (begin with surname)

________________________________________________________________________

2. Present address

________________________________________________________________________

________________________________________________________________________

3. Contact details

Phone: ________________________________

E-mail (mandatory – please write legibly) ________________________________

*Note - All communications will be via e-mail only:*

4. Permanent address:

________________________________________________________________________

________________________________________________________________________

5. Do you belong to backward class, If yes, give details (Viz SC, ST, VJNT or OBC with sub-caste)

________________________________________________________________________

6. Name of the medical college from which you have completed PG degree/diploma and if the college is recognized by the Medical Council of India

________________________________________________________________________

7. Date and number of provisional registration with the Maharashtra Medical Council/concerned state medical council (with name and address of the council)

________________________________________________________________________
8. Date and number of permanent/full registration with the Maharashtra Medical Council/concerned state medical council with name

___________________________________________________________________

9. Date of starting and completing the PG diploma/degree

___________________________________________________________________

10. Examinations passed:

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<thead>
<tr>
<th>Exam</th>
<th>Month &amp; Year of Exam</th>
<th>Actual Marks Obtained</th>
<th>Out of Marks</th>
<th>Dist. / 1st Rank in University</th>
<th>No. of Delay in Term/s @</th>
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<tbody>
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<td>MBBS</td>
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<td>PG Degree/ Diploma*</td>
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@ (if not passed in minimum prescribed terms)
*Mention all PG Degree/diplomas

**DECLARATION**

I hereby agree, that I will follow the rules and regulations at present in force or that may hereafter be made for the administration of the college and its associated recognized hospitals and under take that so long as I am a fellow/certificate course student of the college, I will do nothing unworthy of the student of the college either inside or outside or anything that will interfere with its orderly working and discipline. I also declare that the information/particulars furnished above by me is true to the best of my knowledge. I know the consequences as provided in rules of MUHS and MCGM (as applicable) as regards furnishing false information/concealing any information.

Date____________ Signature of Applicant__________________________
CERTIFICATES TO BE ATTACHED (Please attach attested true copies where applicable and originals where applicable):

1. Recommendation from PG teacher (original)

2. Copy of passport/ Domicile as proof of Nationality

3. Copy of School leaving certificate/birth certificate as proof of date of birth

4. Copy of Permanent registration certificate issued by the Secretary, Maharashtra Medical Council. (Internship completion certificate & permanent registration certificate with Maharashtra Medical Council must be submitted before starting residency, if required, in case the said certificates are not available.)

5. In case of B. C. Candidate.
   a) Caste certificate from Presidency Magistrate and Caste validity certificate from competent authorities.
   b) Certificate from the Dean that the admission was granted under Reserved Category.

If admitted, students are required to give their Mumbai address in the college office and notify any subsequent change of address (PG rule 7 clause XI). They are also required to submit 3 photos at the time of admission in addition to the one that is stuck on the form.

6. Information given wrongly or proved otherwise will disqualify the candidate.