

APPLICATION FORM FOR ADMISSION TO MEDICAL POST GRADUATE DEGREE / POSTDOCTORAL COURSE
Burdwan Medical College, Burdwan

20 – 20 SESSION
Particulars of the students selected in the West Bengal State Quota

Name of the Course applied for: _____

1. Name in full (BLOCK LETTERS):
2. Father's / Husband's name:
3. Name, Address & Occupation of Guardian:
(if other than father / husband)
4. Permanent Address (**BLOCK LETTERS**):

5. Mobile No. / Landphone No.:
6. E-Mail Address (**BLOCK LETTERS**):
7. Date of Birth (DD/MM/YYYY):

Write in the empty boxes below the points number 8 -15:

8. Nationality:	9. Religion:	10. Sex:	11. Marital Status:
12. Rank & Percentile / Percentage of Marks in Entrance Exam:	13. Specify whether belonging to Gen / SC / ST / OBC / PH category:	14. Open Category / Service Category:	15. If in Service, mention which service you belong to WBHS/WBMES or other
16. Date of Completion of Internship & Name of the Institution	17. University Registration No. & Name of the University for MBBS:	18a. Permanent Medical Registration No. & Date:	18b. Name of the Medical Council

19. Are you at present enrolled for any Postgraduate Degree / Diploma Course or PhD of any university? If so, give details:
20. Have you applied for admission or been admitted to any other course in any other institution during this session? If so, give details:

I declare that all statements made in this application (including additional particulars) are true, complete and correct to the best of my knowledge and belief. I am bound to submit attested copies of all supporting documents as mentioned in my application.

I am bound to accept the stipulations made by the West Bengal University of Health Sciences for the purpose of admission to Medical Postgraduate Degree / Postdoctoral course for the ensuing session.

Signature of declarant in full
Name in Block letters:
Roll No. in Entrance Examination:
Date:
Place:

**APPLICATION FORM FOR ADMISSION TO MEDICAL POST GRADUATE DEGREE / POSTDOCTORAL COURSE
Burdwan Medical College, Burdwan**

The transaction details are provided below:

Mode of transaction: NEFT/ IMPS/ UPI/ Other (exact mode in case of 'other')
.....

Transaction id/ Transaction ref no. **dated**/...../
2020

Name of the Bank: **Branch:**
.....

Name of the App (If used BHIM or similar App for UPI payment):
.....

**DECLARATION IN RESPECT OF THE ADMISSION IN POST GRADUATE DEGREE / POST DOCTORAL
COURSE**

I, _____, hereby declare that I AM NOT IN West Bengal Medical Education Service / West Bengal Health Service / other service (neither in regular service nor in ad-hoc service). In case of suppression or distortion of facts in my declaration, my admission to the course will be liable to be cancelled outright.

Signature of declarant in full
Name in Block letters:
Roll No. in Entrance Examination:
Date:
Place:

**UNDERTAKING WITH RESPECT TO ONLINE ADMISSION IN POST GRADUATE DEGREE COURSE
(As mentioned by the Government of India)**

"I hereby declare that all the information given / uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority."

Signature of Declarant in full
Name in Block letters:
Roll No. in Entrance Examination:
Date:
Place: