**WEST BENGAL UNIVERSITY OF HEALTH SCIENCES**

**APPLICATION FOR ADMISSION TO DIFFERENT POST GRADUATE MEDICAL, DENTAL DEGREE/DIPLOMA & POST DOCTORAL COURSES**

1. **Order of Merit** .........
2. **Counselling Date** .........
3. **Course** ...............
4. **Institution** .............
5. **Controller** .............

<table>
<thead>
<tr>
<th>Course</th>
<th>MD/MS DIPLOMA</th>
<th>MDS</th>
<th>DM/MCh (3 Yrs)</th>
<th>MCH (6 Yrs)</th>
</tr>
</thead>
</table>

**MARK WITH TICK (✓) IN THE BOXES WHERE APPLICABLE**

Application form should be filled in by candidate after going through the guidelines given in the Information Booklet. Application form should be filled in BLOCK LETTERS ONLY with BLUE/BLACK ink.

**Name in Full** (In Block Letter)

**Father’s/Mother’s Name:**

**Mailing Address:**
- **District**
- **State**
- **City/Vill**
- **Pin**

**Permanent Address:**
- **District**
- **State**
- **City/Vill**
- **Pin**

**Telephone Number:**

**Date of Birth:** D D / M M / Y Y Y Y

**Whether you belong to SC/ST**
- **SC**
- **ST**

**All India (MD CM)**
- **Govt. Sponsored**
- **General**

**Whether you are in service in any of the following**
- **WBHS**
- **WBMES**
- **WBDS**
- **OTHERS**

**Nationality:**

**Type of Registration:**
- **MCI**
- **DCI**
- **WBMC**
- **WBDC**
- **Oth.**

**Type of service**
- **Regular**
- **Adhoc**

**Signature of the Applicant**

**Affix Recent Passport Size Attested Photograph**

**Signature of Gazetted Officer**

**Form No:**

**Price:** Rs.750/-

**For Official Use (Counselling)**

**1.Order of Merit** .........
**2.Counselling Date** .........
**3.Course** ...............
**4.Institution** .............
**5.Controller** .............

**Mark with tick (✓) in the boxes where applicable.**

**Application form should be filled in by candidate after going through the guidelines given in the Information Booklet. Application form should be filled in BLOCK LETTERS ONLY with BLUE/BLACK ink.**

**Roll Number (For Office Use Only)**
<table>
<thead>
<tr>
<th>Registration No</th>
<th>Year of Registration</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Type: (Permanent / Provisional)</td>
<td>Handicapped: Y/N</td>
<td>Handicap Card No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of Internship (1 year)</td>
<td>Yes / No</td>
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<tr>
<td>Completion of PRCA (6 Months)</td>
<td>Yes / No</td>
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<tr>
<td>From Date</td>
<td>To Date</td>
<td>Institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Student</td>
<td>MCI/DCI Clearance</td>
<td>Sponsorship Ministry of Home, GOI</td>
<td>No Objection from Ministry of External Affairs, GOI</td>
<td></td>
</tr>
<tr>
<td>YES/NO</td>
<td>YES /NO</td>
<td>YES /NO</td>
<td></td>
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</tbody>
</table>

**Are you at present undergoing or have undergone any**

- Postgraduate Degree  
  - Yes [ ]  
  - No [ ]
- Diploma course  
  - Yes [ ]  
  - No [ ]
- Ph.D  
  - Yes [ ]  
  - No [ ]

Give Details: (Subject, Course, Institution, University, Session)

- Have you applied for admission or been admitted/selected/enrolled in any course in any Institution during this session? If Yes Give Details (Subject, Course, Institution, University, Session)

**Academic Qualification (s): M.B.B.S / B.D.S**

<table>
<thead>
<tr>
<th>MBBS/BDS</th>
<th>Name of Institution:</th>
<th>Year of Passing</th>
<th>No of Attempts</th>
<th>Total Marks</th>
<th>Marks Obtained</th>
<th>% Marks</th>
<th>University Gold Medal/Honours with Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Professional</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Professional</td>
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<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Professional</td>
<td>(Part I)</td>
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<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Professional</td>
<td>(Part II)</td>
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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Professional</td>
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</tbody>
</table>

Signature of the candidate

(Counter Signed)

Academic Qualification must be Countersigned by Head of the Medical Institution / or by a Gazetted Officer)
## Additional Information

(To be filled in only by those applying for admission to DM/MCH Courses (3 Year))

<table>
<thead>
<tr>
<th>Course Applied For</th>
<th>Subject</th>
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<tbody>
<tr>
<td>[ ] DM</td>
<td>[ ] MCH</td>
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### Academic Qualification(s)

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<tr>
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<th>Name of Institution</th>
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<tbody>
<tr>
<td>MD/MS</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year and Month of Admission</th>
<th>Year and Month of Passing</th>
<th>No of Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>M M Y Y Y Y</td>
<td>M M Y Y Y Y</td>
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</tr>
</tbody>
</table>

I do hereby declare that all the statements made by me in this application (including additional particulars) are true, complete and correct to the best of my knowledge and belief.
I do hereby submit the application form as per the instructions.
In case it is detected at any point of time that any of the statements made by me in this application involves suppression or distortion of truth or that the application is not supported by any of the relevant documents as mentioned in the instructions, my application for admission shall be liable to be cancelled without further reference to me. I shall be bound to abide by the stipulations laid down by the University for the purpose of admission to the Degree/Diploma/Post doctoral Courses for the ensuing session.

Date
Place
Signature in full of the candidate

### CERTIFICATE FROM THE HEAD OF INSTITUTION/ORGANISATION

For candidates engaged in study in any other courses, or in service other than W.B. H.S./W.B.M.E.S/W.B.D.S/W.B.G.S, or undergoing housemanship training

Certified that Sri/Sm. holds the post of a student of in the Department of Since in this Institution/organization. I have no objection to his/her application being considered for admission to the Postgraduate Medical Degree/Diploma/Dental Degree/Post-doctoral course of the West Bengal University of Health Sciences for the ensuing session.

No. Signature
Place. Designation
Date. Office Seal
Instructions (Read it carefully):
1. One self-addressed envelop (9” x 6”) (without affixing postal stamp) to be enclosed with the application

2. For MD/MS/Diploma/MCh Neurosurgery(6 year)/MDS Courses
   a. The applicants need not submit any attested copies of supporting documents along with their application form.
   b. Only the qualified candidates of MD/MS/Diploma/MCh Neurosurgery(6 year)/MDS courses have to submit attested copies of all supporting documents along with originals for verification as mentioned in the information booklet.

3. For DM/MCh (3 year) Courses:
   a. The applicant for DM/MCh 3yr Courses have to submit the attested copies of following documents along with his/her application form in the order given below
      i. University Registration Certificate
      ii. Permanent medical registration certificate
      iii. Chance/Attempt certificate –UG and PG
      iv. Internship/PRCA training completion certificate
      v. Marksheet of MBBS Examination (all professionals)
      vi. University gold medal/honours certificate
      vii. MD/MS certificate and Marksheet
      viii. Proof of publications in indexed journals
      ix. Proof of age
      x. Employment certificate from the controlling officer(for WBHS/WBMES candidates)

The application should be submitted to the Office of the Controller of Examinations, WBUHS at DD-36, Sector-I, Salt Lake, Kolkata-700064 within the time notified in the Information Booklet.
1. Candidate’s Name in Capital Letters (as per the last professional examination)

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(Do not write anything in this space)

Affix Recent Passport Size Photograph

1. Do not attest
2. Do not write anything on the face of the photograph

Signature of the Candidate

Form No: <self numbered>

Received an Application Form from Dr. ..............................................................
For Selection Test of MD/MS/PG Diploma/DM/Mch/Mch (6 years)/MDS, 200.....

Signature with Official Seal and Date