



College of Medicine & Sagore Dutta Hospital, Kamarhati

Application for admission to Post Graduate Medical Degree(MD/MS)

Course

APPLICATION SHOULD BE FILLED IN BY THE CANDIDATE.

1. Willing for the next round- Yes/No
2. Date of Admission at COM&SDH-
3. AIQ Rank- State Rank-
4. Course- Percentile Score-
5. Exam. Name - With Roll. No-

Recent
Colour
Passport
Photo

-
1. Name in full (in Block letters)-
 2. Name of Father/Spouse/ Guardian Name (in Block letters) -
 3. Name, Occupation & address of father/spouse/ guardian-
 4. Permanent address with contact No. –
 5. Mobile No. of student-
 6. Email of the Students (in Block letters) -
 7. Mobile No. of father/spouse/guardian-
 8. Email of the father/spouse/guardian (in Block letters) –

- | | | |
|-----------------|--------------------|------------------|
| 9. Nationality- | 10. Date of Birth- | 11. Gender- |
| 12. Caste- | 13. Religion- | 14. Blood Group- |
15. Marital Status: -
- | | | |
|-------------------------------|--------------------------|---------|
| 16. (a) Are you in WBHS- | (i) Yes (Regular/ Adhoc) | (ii) No |
| (b) Are you in WBMES- | (i) Yes (Regular/ Adhoc) | (ii) No |
| (c) Are you in other service- | (i) Yes (Regular/ Adhoc) | (ii) No |

If yes, then give details-

17. University Registration No..... of.....University-

18. Permanent/Temporary Medical Registration No.Year.....

With the name & Medical Council-

Contd. Page:-2

19. Academic Qualification(s):- Details of Total marks in the MBBS Examination.

MBBS Prof. Wise	Duration Of Course	Name of the University	Month & year Of Admission	Marks Obtained	Percentage Of Marks	Total No. Of time Appearing Including One in Which Passed	No. Of attempts	Prize/ Medal & Distinction	Name of College.
1 st Prof.									
2 nd Prof									
3 rd Prof. Part-I									
3 rd Prof. Part-II									
Any Other Course.									

20. Summary of academic Record:- Statement of total marks obtained in the MBBS Exam.
(All the Prof. Exam. taken together)

Total marks for which the applicant was examined	Total marks obtained by applicant	Percentage of marks obtained by the applicant	Any other relevant information

21. Completion date of Internship/PRCA training with name of the Institution

22. Are you at present registered for any Post Graduate Diploma/Degree course including Ph.D. at any University? Yes / No
If yes, give Particulars:-

23. Have you applied for admission or been admitted to any other course in any institution during this session?

I do hereby declare that all the statements made by me in this application are true, complete and correct to the best of my knowledge, otherwise my candidature may be cancelled at any time without further reference to me.

Dated:-
Address:-
Mobile No.-

Signature in full of the Applicant

E-Mail Id -

Bank details: In favours of Principal, College of Medicine & Sagore Dutta Hospital
A/C No. 40561106760
IFSC Code:- SBIN0001404

The following documents are required for online reporting for verification by the College authorities.

1. 5 Copies of recent passport size colour photo (One pasted in Admission form and one in identity card)

Original and Photocopies Of following Documents

2. Original Bond with Notary OR Undertaking letter addressed to The Principal, College of Medicine & Sagore Dutta Hospital.
3. Allotment Letter
4. NBE Rank Card
5. NBE Score Card
6. NEET Admit card
7. Age Proof
8. Identity Proof
9. All MBBS Mark Sheets(Four)
10. Internship Completion Certificate
11. MBBS Degree Certificate
12. Permanent/ Provisional Registration Certificate
13. SC/ST/OBC/PH Certificate, if necessary
14. Aadhaar Card/Driving License/Voter ID/Pan Card
15. Fees deposit receipt
16. Verified Slip
17. Domicile Certificate,
18. Release Order, if applicable
19. Mark sheet & Pass Certificate of XII