

King George's Medical University, U.P., Lucknow

Roll No.					
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(To be filled by the Office)

Application Form

Application for Entrance Examination
For Admission to Post MD-PhD Course

For Session 2017

[To be held on 7th & 8th April 2017]

Clear Passport size
photograph (Full front
face, no cap, hat or
dark glasses) duly
attested

(Incomplete application will not be entertained)

1. Name of Candidate : _____

2. Father's Name : _____

3. Sex (Male/Female) : _____

4. Date of Birth : Date _____ Month _____ Year _____

5. Place of Birth : _____

6. Mailing Address : _____

7. Permanent Address : _____

8. Contact Phone No. : _____ (Mobile) _____

9. E-mail : _____

8. Graduation Qualifications:

S. N.	Subject	Year	University	Institute	No. of attempts	Marks obtained	Total Marks
1.	Anatomy						
2.	Physiology						
3.	Bio-chemistry						
4.	Pathology						
5.	Microbiology						
6.	Pharmacology						
7.	Forensic Medicine						
8.	Ophthalmology						
9.	Otorhinolaryngology						
10.	Community Medicine						
11.	Medicine						
12.	Surgery						
13.	Obst. & Gynae						
14.	Pediatrics						

9. Post-graduation Qualifications:

S. N.	Examination	Year	University	Institution	Subject	Recognized by M.C.I. Yes/No

(Attested Copies of M.B.B.S. Degree and certificate of having passed/appeared in the M.D./M.S. examination to be enclosed)

10. Are you in Service Yes/No

If yes, name of employer _____

Whether permission of Employer enclosed Yes/No

Declaration

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/admission may be cancelled.

Date and Place

Signature of the Candidate

For Candidate in Service

I/We have no objection if Dr. _____
employed as _____ appears in the Entrance Examination
(Session 2017) for admission to Post M.D.-Ph.D. course in _____.
If selected, he/she will be sanctioned leave for at least 2 years and will be relieved in time for
joining the course.

Date and Place

Signature & Seal of Employer

To be filled by the Candidate:

Application Fee: Kindly submit a draft of Rs. 1500/- (Rupees One Thousand and Five Hundred Only) in favour of "KGMU-PhD Program A/c" payable at Lucknow
Amount: Rs. 1500/- (Rupees One Thousand and Five Hundred Only)

Draft Number: _____ Dated: _____ Bank: _____

Important Dates:

- *Last date of submission of Completed Application forms 6th March 2017 (Monday).*
- *The written examination will be held on 7th April 2017 (Friday) from 11.00 AM.*
- *Interview will start at 11.00 A.M. on 8th April 2017 (Saturday).*

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(To be filled by the Office)

King George's Medical University, U.P., Lucknow

(Post M.D. – Ph.D. Entrance – 2017)

Verification Sheet

(To be filled in by the candidate)

Clear Passport size
photograph (Full front
face, no cap, hat or
dark glasses) duly
attested

1. Name: _____

2. Father's Name: _____

3. Institution: _____

(From which the candidate has passed M.D./M.S.)

4. Signature of the Candidate: _____

Coordinator

Post MD-PhD Entrance Examination-2017

King George's Medical University, U.P.,

Lucknow

Roll No.					
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(To be filled by the Office)

King George's Medical University, U.P., Lucknow

(Post M.D. – Ph.D. Entrance – 2017)

Admit Card

(To be filled in by the candidate)

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested

1. Name: _____

2. Father's Name: _____

3. Institution: _____

(From which the candidate has passed M.D./M.S.)

4. Signature of the Candidate: _____

Coordinator

Post MD-PhD Entrance Examination-2017
 King George's Medical University, U.P.,
 Lucknow

Important:

1. Post M.D. - Ph.D. Entrance Written Examination will be held on **7th April 2017** at **11.00 AM** in the **Administrative Block, King George's Medical University, U.P., Lucknow.**
2. Please report 15 minutes before the time of examination.
3. Please be seated 10 minutes before the time of Examination.