

**POST-GRADUATE ADMISSION FORM**

Self-attested  
Photograph

Session: \_\_\_\_\_

Allotted Subject: \_\_\_\_\_

Rank (AIQ/SQ) \_\_\_\_\_ (UR/SC/ST/OBC/URPH/SCPH)

1. Name in full (in BLOCK letters):.....
2. Father's Name:.....
3. Name, occupation & address of guardian (if other than father):.....  
.....
4. Mailing address:.....  
.....PIN ..... Ph. No. ....
5. Nationality:..... 6. Religion..... 7. Sex: .....
8. Date of birth: ..... 9. Marital status: .....
10. Caste: Gen/SC/ST/OBC: ..... (Supporting document is to be attached)
11. Are you in W.B.M.E.S/ W.B. Health Service: YES or NO : .....  
(If yes, mention whether Regular or Ad-Hoc)
12. Name of the University from where obtained MBBS degree: .....
13. Year of passing MBBS 3<sup>rd</sup> Prof. (Part II) Examination: ..... held in.....
14. University Registration No. .... Year.....University.....
15. Duration of Internship Training with the name of the institution:  
.....
16. Permanent /Medical Registration No. with Name of the Medical Council and year:  
.....
17. Are you at present registered for any Post-graduate Degree/Diploma course including Ph.D of any  
University ? if so give details:.....
18. Have you applied for admission or been admitted to any other course in any institution during this  
session if yes, mention the Course & Institution:.....

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 attested of all documents as mentioned in my application.

In case it is detected at any point of time that any of the statements made by me in this application involves suppression of distortion of truth of that the application is not supported by any of the relevant documents as mentioned in this instruction for admission shall be liable to be cancelled without further reference to me.

I shall be bound to accept the stipulation laid down by the WBUHS for the purpose of admission to the Degree/ Diploma Course for the session.

Date:.....

.....

Full signature of the Applicant

Declaration in respect to admission to Post-Doctoral Medical Degree of the WBUHS by the Candidates who are not in any Service, in any Capacity in any Organization.

I do hereby declare that I am not in service under WBHS/WBMES or not in other service including House staffship. In case of suppression of distortion of facts as declared by me admission to the course, if detected, will be liable to be cancelled outright.

Date:.....

.....

Full signature of the Applicant

Check list: Please tick (✓) whichever are applicable -

Original Final MBBS Mark sheet & Photo copy (1)		Allotment Letter Photo Copy (2)	
Original MBBS Pass Certificate & Photo Copy(1)		Rank Letter (2)	
Original Caste Certificate & Photo Copy (2)		Entrance Admit card (1)	
Original Medical Council Certificate & Photo Copy(1)		Physical Handicapped certificate (if any) & Photo Copy (2)	
Discontinuation Bond		Copy of Age proof Photo Copy(1)	
Service Bond		Identity Proof (Voter's ID Card/ Driving License/Passport/ <b>Aadhaar</b> card) Photo Copy(2)	
Sponsorship (for Service candidate)		Relieving Letter ( if applicable) Photo Copy(2)	

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POST-DOCTORAL ADMISSION FORM

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Allotted Subject: \_\_\_\_\_

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11. Are you in W.B.M.E.S/ W.B. Health Service: YES or NO : .....  
(If yes, mention whether Regular or Ad-Hoc)
12. Name of the University from where obtained MBBS degree: .....
13. Year of passing MS/MD Examination: ..... held in.....
14. University Registration No. .... Year.....University.....
15. Permanent /Medical Registration No. with Name of the Medical Council and year:  
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Discontinuation Bond		Age proof & Address Proof & Copy (1)	
Service Bond (if applicable)		Identity Proof (PAN, Voter's ID Card/ Driving Licence/Passport	
Sponsorship (for Service candidate)			