

	M.S.RAMAI AH MEDICAL COLLEGE M.S.R.Nagar, MSRIT Post, MATHIKERE, BANGALORE 560054. Phone-+91-80-2360 5190, 2360 1742/43 Fax- +91-80-2360 6213. Email: msr_medical@dataone.in / msrmedical@gmail.com web: http://www.msrmc.ac.in	Format No.	ADM01
		Issue No.	01/15-05-06
		Rev. No.	00

Application form for selection to Post graduate courses in MD/ MS / DIPLOMA courses under Management Seats (N.R.I / I.P) for the Academic Year 2010-2011.

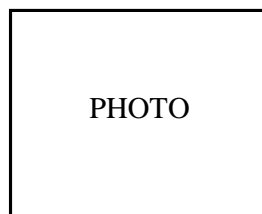
Sl. No.	NAME OF THE APPLICANT	DR.
1.	Mobile No.	
	Email ID	
2.	Name of the father	
	Mobile No.	
	Email ID	
3.	Complete address for communication.	
	Phone No .with std code. Fax, Mobile & Email ID	
5.	Date of Birth	
6.	Name of the college from where MBBS passed.	
7.	Is the MBBS course and college Recognized by Medical council of India,	Yes / No { Tick} { if yes enclose certificate of proof }
8.	Name of University which awarded the MBBS Degree.	
9.	No. of Attempts in MBBS course.	First MBBS Attempts Second MBBS Attempts Final MBBS (part I) Attempts (part II) Attempts
10.	Date of Completion of Internship (Eligible if completing internship before 30-4-2010)	
11.	COMDEK- PGET-2010 Reg. No. (Fill up this column if you have appeared for entrance exam) Eligible to apply if obtained more than 50% Score	Rank Obtained.....Percentage Scores (.....)(Enclose Certified copy)
12.	RGUHS –PGET-2010 Reg.No (For Karnataka students) (Fill up this column if you have appeared for entrance exam) Eligible to apply if obtained more than 50% Score	Rank ObtainedPercentage Scores(Enclose Certified Copy)
13.	<u>Order of Preference</u>	<u>M.D. / M.S./ & Diploma courses.</u>
	Subject selected for Admission to Post graduate course.	1
		2.
		3.

- * Enclose certified Xerox copies of A) All Mark cards, B) Attempt Certificate,. C) Internship Certificate. D) Provisional or Permanent MBBS Degree Certificate E) State Medical Council Registration Certificate & F) Submit Proof of Recognition of college by M.C.I ., G) Copy of COMEDK-PGET-2010 Score H) copy of RGUHS – PGET 2010 Score .

Note: NRI Eligibility Criteria : a) Sponsorship letter from own family members (Father, Mother , Brother Sister) only & fees remittance should be made from the above account holder from foreign country account only.

- b) Indian Passport Holder having passed qualifying examination abroad & should have Registered in Medical Council of India, New- Delhi.
c) For Institutional Preference Quota, Sl. No. 11 or 12 is mandatory.

Dated :.....



Signature of Student