

Application form No :.....

Directorate of Medical Education

Government of Tripura

AGARTALA

PIN 799001

Application Form for Postgraduate Entrance Examination for the Year 2015

The candidate should fill the application form in his/her own handwriting

Affix one recent passport size photograph here duly signed by the candidate and attested on the front side by a Gazetted Officer with Official Seal

Name of the Candidate :
(in block letters)

Name of the attesting officer:
(in block letters)

Designation :

Seal :

Reference : Advertisement notice No. & date

I hereby apply for the Entrance Examination for the admission to the postgraduate course in the Agartala Govt. Medical College Agartala for the Year 2014 under the category given below : Tick () 'A' or 'B'

A Open

B. Sponsored

(one candidate should apply for one category only)

I am submitting herewith the following particulars in support of my application. All the documents mentioned in Information Booklet are enclosed along with the application form for necessary perusal.

1.
(Name) (Middle Name) (Surname)

2. Date of Birth :

3. Nationality :

4. General / ST/SC/OBC : Male / Female :

5. Father's Name :

Occupation :

6. Mother's Name :

Occupation :

7. Address : (In Block Letters)

a) Permanent Address :

(with Pin Code)

b) Postal Address for Communication :

(with Pin Code)

c) Other contact information:

Mobile / Phone No. (Including STD code) :

Fax No. (Including STD code) :

E. mail address :

8. State of domicile of the candidate :

9. Name of the College and University from which the candidate Passed MBBS Examination :

.....
a) Year of admission to MBBS course :

b) Year of Passing final MBBS Exam :

c) No. of Attempt taken to pass :

1st Professional :

2nd Professional :

3rd Professional :

Part I : Part II :

10. Whether you have been admitted earlier in any Medical College for any PG course & Resigned or discontinued ? if Yes,

i) Year of Admission :

ii) Subject:

iii) Reason for Discontinuation :

11. Year and month of completion of Internship :

12. Permanent Medical registration No. with Year, Name of the Medical Council :

13. If in service: Name of the Organization/ Department

Period : from : to

I hereby declare that the application has been filled in with my own handwriting and the information given in the application form is correct. In case, at any stage the information furnished by me is found to be incorrect, my admission may be cancelled. I, further, declare that I have read the rules as given in the information bulletin and shall abide by them and the regulations of the college.

I also agree to undergo the course on a whole time basis and shall not engage my self in private practice during the period.

Place:

Signature of the Candidate

Date:

DECLARATION OF THE FATHER / GUARDIAN OF THE CANDIDATE

I hereby declare that I will be responsible for timely payment of all dues payable to the Agartala Govt. Medical College, Agartala in respect of my Son /Daughter/ Ward/ Wife..... during the period of his / her study at the Agartala Govt. Medical College , Agartala and hereafter until the accounts are cleared.

Signature of the Father / Guardian

Place :

Address :

Dated :

.....

(to be attested by Gazetted Officer)

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(for in – Service candidates applying in open category)

Certified that Dr. / (Mr. /Miss/ Mrs) :
is serving as in the Deptt. of
..... since He/ She will be
relieved , if selected, for the Postgraduate course within the stipulated time for admission. To the
best of my knowledge he/ she bears a good moral character.

Signature:

Name (In Block Letter) :

Place : Designation:

Dated : Office seal :

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(only for sponsored in - service candidates)

1. Certified that Dr. (Mr. /Miss/Mrs.) :
is sponsored for training leading to the award of MD/ MS at the Agartala Govt. Medical
College for the Year – 2015 . He/ She will be relieved, if selected, within the prescribed time
as notified by the University.
2. Dr. is a regular
employee or temporary employee of w.e.f.....
3. That he/she after getting the training at the AGMC, Agartala will be suitably employed by the
sponsoring authority to work in the specialty in which training is provided .
4. That the candidate will not be paid any emoluments by the Agartala Govt. Medical College,
Agartala during the entire training period. Such payment will be the responsibility of the
sponsoring authority.

Signature:

(of sponsoring authority)

Name (In Block Letter) :

Place : Designation :

Dated : Organization :

(with office seal)

Please note that :

- i) Only the above certificate duly signed by the “Sponsoring Authority” will be considered.
- ii) No addition or alteration in the above certificate is allowed.
- iii) Sponsoring authority means the appointing authority.

ADMIT CARD

FOR POSTGRADUATE ENTRANCE EXAMINATION FOR THE YEAR 2015

Roll No.

Affix one recent
passport size
photograph here duly
signed by the
candidate and attested
on the front side by a
Gazetted Officer with
Official Seal

Name of the candidate :
(In Block letters)

Specimen signature of the Candidate:
(to be attested by the Gazetted officer)

Signature of Gazetted Officer

Name :

Officer in charge of examination

Designation:
(office seal)

ATTENDANCE SHEET

Affix one recent
passport size
photograph here duly
signed by the
candidate and attested
on the front side by a
Gazetted Officer with
Official Seal

Name of the Candidate
(In block letters)

Signature of Candidate

TO BE FILLED AT THE TIME OF EXAMINATION

Signature of the Candidate:.....
At the time of Examination

Roll No.

Signature of the invigilator

Note : In case the candidate is absent , invigilator should write ABSENT and put his/her signature

INSRCTIONS FOR CANDIDATES

1. The examination will be Conducted at Agartala Govt. Medical College on 25th January 2015 at 11AM at Agartala Govt. Medical College.
2. Candidates should report at the examination hall 15 minutes before the commencement of examination. No. candidate will be permitted to enter the hall 15(fifteen) minutes after commencement of the examination.
3. Examination will be held from 11 AM to 1.00 PM.
4. No candidates will be allowed to appear for the examination without admit card.
5. Carrying of mobile phone, pager, calculator, and book printed or written bits of paper or any objectionable materials is not allowed inside the examination hall.
6. No. candidate will be allowed to leave the examination hall before the end of one hour of examination. Going to toilet during examination hour will not be permitted
7. Each candidate must write his / her own Roll No. on the answer sheet at the space provided.
8. Silence must be observed in the examination hall. Any candidate found using unfair means or improper conduct will be liable for expulsion from the examination hall.
9. **The candidates are advised to preserve the admit card till the counseling is over.**

-Sd-

Director of Medical Education
Government of Tripura