

Sr. No. _____

Roll No. _____

(To be assigned by the University)

SRI GURU RAM DAS UNIVERISTY OF HEALTH SCIENCES, SRI AMRITSAR**EXAMINATION FORM FOR MASTER OF SURGERY(M.S.)/DOCTOR OF MEDICINE(M.D.)****Important Instructions:**

1. Examination form and fee should be submitted through the Principal of the College.
2. All the Columns are mandatory and to be filled in neatly and legibly by the student in his/ her own handwriting.

1.	a)	Specialty in which to be examined:				Affix Recent Attested Photograph of Student
	b)	Subject of thesis:				
	c)	Date of Submission of thesis:				
	d)	Whether your thesis has been accepted? If yes, state:				
		Letter No.	Date :	Name of University:		
2.	Centre of Examination:					
3.	Name (in BLOCK letters):					
	4. Regd. No.:			5. Male/Female:		
	6. Date of Birth:			7. Marital Status:		
8.	Father's Name(in BLOCK letters)					
9.	Mother's Name(in BLOCK letters):					
10.	Annual Family Income:					
11.	Do you belong to SC/ST/BC if yes, mention category					
12.	Permanent Home Address(in BLOCK letters):					
	Phone No.:			PIN:		
13.	Domicile:					
14.	Address for correspondence(in BLOCK letters)					
	Phone No.			PIN:		
15.	Title of the papers					
	a)			b)		
	c)			d)		
	16. For Fresh Candidates:					
	Exam Passed	Month	Year	Roll no.	University	Date of Completion of Internship
	M.B.B.S. Final					
17.	FOR FAILED CANDIDATES			Month	Year	Roll No.
	Appeared for the First time					
	Appeared for the Last time					
18.	Have you ever been disqualified from appearing in any examination or any case of unfair means is pending against you in any University/Board? If so, give details					
	Examination	Roll No.	Month	Year	Period of Disqualification	University/Board
19.	I solemnly declare that the above particulars filled in by me are correct to the best of my knowledge and belief and if any discrepancy is found at any stage, I shall be responsible for the consequences.					

Date: _____

Signature of the Student

CERTIFICATE

Certified that the candidate:



- a) has passed at least two years previously the bachelor of Medicine and Bachelor of surgery(MBBS)/ Bachelor of Dental surgery(BDS) examination from _____ University _____ the MBBS/BDS degree of which is recognized by the Medical/Dental Council of India.
- b) has completed, after admission to the course as a full time postgraduate student, training for a period of not less than three years in this college/Institute now affiliated to the Sri Guru Ram University of Health Sciences, Sri Amritsar to the entire satisfaction of the Head of Department.
- c) (for Master of Chirurgery Candidate) has passed at least two years previously the Master of Surgery(M.S.) examination from _____ University _____ which is recognized by the Medical Council of India of F.R.C.S. from the Royal College of Surgeons of London/Edinburgh has thereafter received training for two years in the Institute which is approved by the Medical Council of India in the field in which the candidate wished to qualify;

(Please strike out if not applicable)

- d) is medically fit and bears a good moral character;
- e) the statements made by the candidate in the application form are correct and he/she fulfils all the conditions laid down in the Ordinances/Regulations in force to appear in the examination; and
- f) that he/she has filled in this form and has signed it in my presence.

Further certified that this college is recognized by the Medical/dental Council of India for imparting instruction for MD/MS/MCh/MDS in the subject in which the candidate wishes to qualify.

Date: _____

Principal
(Signature and Stamp)

LAST DATE FOR SUBMISSION OF FORM AND FEE

Session	Without Late fee	With late fee of Rs. 200/-	With Late fee of Rs. 500/-	With Late fee of Rs. 1500/-
May/June	1 st March	15 th March	31 st March	15 th April
Nov/Dec	15 th September	30 th September	15 th October	31 st October

Note:

1. The University may accept examination form and fee ten days before the commencement of examination with the permission of the Worthy Vice-Chancellor and a late fee of Rs. 2000/-
2. In case of late declaration of result due to any reason, the examination form shall be accepted within 15 days of the publication of the result without charging any late/extra fee. Otherwise late fee shall be applicable as per current schedule(mentioned above)
3. The bank draft on account of fee should be in favour of Registrar, SGRDUHS payable at ASR.

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

(Counter Foil)

Roll No.....

(To be assigned by University)



- 1) Student's Name _____
- 2) Father's Name _____
- 3) Mother's Name _____
- 4) Student Address _____

Pin Code _____

Contact No. (Resi) (With Code) _____

(M) - _____

- 5) Examination _____ Year/ Prof _____ Session _____
- 6) Name of College/ Centre _____

In English In Punjabi
Signature of Student

Signature of dealing official

Signature of Centre Superintendent



SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Admit Card (Roll No.)

Roll No.....

(To be assigned by University)



- 1) Student's Name _____
- 2) Father's Name _____
- 3) Mother's Name _____
- 4) Student Address _____

Pin Code _____

Contact No. (Resi) (With Code) _____

(M) - _____

- 5) Examination _____ Year/ Prof _____ Session _____
- 6) Name of College/ Centre _____
- 7) Subject in which appearing

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____
- 9. _____ 10. _____

In English In Punjabi
Signature of Student

Controller of Examinations