



**Declaration:**

- PG medical degree completed and results declared before/on the crucial date: Yes [ ] No [ ]
- PG medical degree from recognized medical college/Institute. Yes [ ] No [ ]

**Details of FEE Paid:** Date \_\_\_\_\_ Transaction ID \_\_\_\_\_

(Proof of fee payment to be scanned and emailed along with the filled in application form)

**UNDERTAKING**

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Signature of the Candidate

Date

Name of the Candidate in block letters

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For office use only:

Comments of the screening committee:

1. Eligible/Ineligible:
2. If ineligible the reasons thereof :Age

Educational Qualification

Incomplete Application

Non submission of fee

Others

3. Remarks, if any

Signature: