AMRITA SCHOOL OF MEDICINE

Application for DM / M.Ch Course 2011

For Office Use Only

Date of Receipt : ..............................

Hall Ticket No. : ...........................................................................................................

Centre of Examination : AMRITA SCHOOL OF MEDICINE, Health Sciences Campus, Kochi

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Name of Candidate : ..............................................................................................................

(IN BOLD LETTERS)

Sex : Male ☐ Female ☐

Do you belong to ☐ SC ☐ ST ☐ OBC ☐

If Yes, Name the Caste ............................................ and Community....................................................... (attach Certificate of Caste)

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In case of down loaded & online application only :

D.D. No. ............................................................................................................................

Name of Bank............................................................... Branch ...............................................................................

Also Please write your name on the reverse of the D.D

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<table>
<thead>
<tr>
<th>Father / Husband (in case of married ladies)</th>
<th>Mother</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Occupation</td>
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<td>Annual Income</td>
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<td>Name and address of the organization where working</td>
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<td>Phone (with STD Code)</td>
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<tr>
<td>Permanent address</td>
<td>Mobile No</td>
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<td>Ph No (with STD code)</td>
<td>Email ID</td>
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DETAILS OF QUALIFICATION:

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Name and address the College</th>
<th>University</th>
<th>Date of Entry</th>
<th>Date of Leaving</th>
<th>No. of attempts</th>
<th>Subjects studied in PG Courses</th>
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</thead>
<tbody>
<tr>
<td>1. First MBBS</td>
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<td>2. Second MBBS</td>
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<td>3. Final MBBS - Part 1</td>
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<tr>
<td>Final MBBS - Part 2</td>
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<td>4. Post Graduate Degree Subject</td>
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</table>

* Fill the subjectwise attempt certificate enclosed for MBBS course.

Whether the college in which you have studied / passed is recognized by Medical Council of India

Is your Post Graduate Degree recognized by Medical Council of India

Name of the state Medical council with which the candidate has registered he MBBS/ MD/MS

Indicate Registration Nos:

Dates

Details of Experience

<table>
<thead>
<tr>
<th>Work Experience after completion of Post Graduate Degree</th>
<th>Experience</th>
<th>Designation</th>
<th>Institution</th>
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<tbody>
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<td>From</td>
<td>To</td>
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Joint declaration by the CANDIDATE AND THE PARENT or HUSBAND (in case of Married ladies)

We hereby declare that all information furnished in this Application are true to the best of our knowledge and belief. We are also aware that if any statement made herein if found to be incorrect at any time either before or after admission Principal, Amrita School of Medicine/Chairman – Admissions has the right to reject the application and may cancel the Admission if at all admitted.

We are also aware of our financial obligations to AMRITA SCHOOL OF MEDICINE, in case the candidate gets admission to the Medical School and we undertake to pay the tuition, hostel and other fees as fixed by the Institution from time to time. We also undertake to strictly adhere to the rules and regulation of the Institution and agree to abide by the decision of the Principal, Amrita school of Medicine/Chairman – Admissions in all matters of admissions and thereafter.

Signature of the student:  
Signature of the Parent / Husband:

Forwarding note to be signed by the Employer under whom the Applicant is employed

I certify that the application is being made with my permission and that there is no objection to release the applicant if selected for the courses, within the prescribed limit of time.

Place:  
Date:

(Signature of the Employer)

Office seal and address of Employer

ENCLOSURES to be as per clause No. 5 (a) of the terms and conditions:
Important Instructions

DM / M.Ch 2011

Date of Amrita Entrance Examination: 26 June 2011 (Sunday)
Time of Examination: 9.30am to 12.30pm

The candidate shall be present at the centre 30 minutes before the commencement of the test.

Candidate will not be admitted to the examination hall after 10.00 AM.

Candidate should produce the Hall Ticket, Otherwise He/She shall not be allowed to sit for the entrance test.

Candidate should hand over the answer sheet to the invigilator, before leaving the examination hall.

Candidate must bring pencil, sharpener and erasers.

Do not bring any books, notes, mobile phones, calculators, laptop,mp3 players, I-pod or any other electronic gadgets to the examination hall.