AMRITA SCHOOL OF MEDICINE
Kochi - 682 041

Application for DM / Mch Courses 2013

Name of Candidate : ......................................................... (IN BOLD LETTERS)

Sex : Male ☐ Female ☐

Date of Birth : Day ☐ Month ☐ Year ☐

Name the Caste .................................................. and Community.................................................................

(attach Certificate of Caste)

Please indicate your choice of courses by darkening the respective box in accordance with the conditions mentioned under Clause (5) on the “Terms and Conditions”

DM ☐ DM Pediatric Cardiology ☐ DM Cardiac Anaesthesia ☐ Mch ☐

D.D. No. ............................................................... Branch .................................................................

Day ☐ Month ☐ Year ☐

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

Details of Parents  (Candidate to fill up)

<table>
<thead>
<tr>
<th>Father / Spouse</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>(in case of married ladies)</td>
<td></td>
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<td></td>
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</tbody>
</table>

Name

Occupation

Annual Income

Name and address of the organization where working

Phone (with STD Code)

Permanent address

........................................................................................................................................ Mobile No ..............................................................

Ph No (with STD code) ................................................................................................................ Email ID ..............................................................

Address for Corresponde...
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>
</tr>
</thead>
<tbody>
<tr>
<td>1. First MBBS</td>
<td></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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<tr>
<td>4. Post Graduate Degree Subject</td>
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</tbody>
</table>

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

YES / NO

Is your Post Graduate Degree recognized by Medical Council of India (Support with Documentary evidence)

YES / NO

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

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

Signature of the student: ____________________________

Signature of the Parent / Spouse: ____________________________

Date: ____________

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 timelimit prescribed by Principal, Amrita School of Medicine.

Place: ____________________________

(Signature of the Employer)

Name: ____________________________

Designation: ____________________________

Phone Nos: ____________________________

Office seal and address of the Employer
AMRITA SCHOOL OF MEDICINE
Kochi - 682 041

Hall Ticket for Amrita Entrance Examination 2013 (DM/MCh Courses)
30 June 2013 (SUNDAY)

Hall Ticket No. (For office use only)

Name of Applicant (to be filled by the applicant) IN BLOCK LETTERS

Correct Postal Address with Pin code (to be filled by the applicant) IN BLOCK LETTERS

Tele No
Mobile No
P I N

Signature of Candidate
Admission Co-ordinator

AMRITA SCHOOL OF MEDICINE
Kochi, Kerala.

Attendance sheet for Amrita Entrance Examination 2013(DM/MCh courses)
30 June 2013 (SUNDAY)

Hall Ticket No. (For office use only)

Name of Applicant (to be filled by the applicant) IN BLOCK LETTERS

Signature of Candidate
(to be signed at the examination hall in front of invigilator)

Signature of Invigilator
Admission Co-ordinator

AMRITA SCHOOL OF MEDICINE
Kochi, Kerala.

Paste one recent passport size face closeup color photograph self attested by the Candidate taken after 1-1-13 Paste: Do not pin or staple
DM / M.Ch 2013

Date of Entrance Examination - 30 June 2013 (Sunday)

Time of Examination:
DM/MCh (except Pediatric Cardiology and Cardiac Anaesthesia) - 9.30am to 12.30pm

DM Pediatric Cardiology and Cardiac Anaesthesia 1.30pm to 4.30 pm

The candidate shall be present at the centre 15 minutes before the commencement of the test.

Candidate will not be admitted to the examination hall after 10.00AM for the morning session and 2.00PM for the afternoon session.

Candidate should produce the Hall Ticket; otherwise candidate shall not be allowed to sit for the test.

Candidate should hand over the answer sheet and the question paper 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 or any other electronic gadgets to the examination hall.