



NITTE UNIVERSITY

(Established under Sec.(3)of UGC Act,1956)
Placed under Category 'A' by MHRD, Govt. of India
Accredited as 'A' Grade University by NAAC
**University Enclave, 6th Floor, Medical Sciences Complex
Deralakatte, Mangaluru-575018**

APPLICATION FORM - M.Ch (Urology)

NEET -SS RANK		Affix recent photograph	
CANDIDATE'S NAME: (AS GIVEN IN DEGREE MARKSCARD)			
CATEGORY:	<input type="checkbox"/> GM <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST		
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER		
AGE:		DATE OF BIRTH:	<input type="text"/> <input type="text"/> <input type="text"/>
NATIONALITY:		PLACE OF BIRTH:	
MOBILE NUMBER:		EMAIL ADDRESS:	
MARITAL STATUS:		SPOUSE NAME:	
FATHER'S NAME:		MOTHER'S NAME:	
FATHER'S PANCARD No:		MOTHER'S PANCARD No :	
AADHAR CARD No.			
CORRESPONDENCE ADDRESS:			

NAME OF COLLEGE & UNIVERSITY WHERE CANDIDATE COMPLETED MBBS					
DETAILS OF MBBS EXAMINATION	MAX MARKS	MARKS OBTAINED	PERCENTAGE/GRADE	MONTH & YEAR OF PASSING	NO. OF ATTEMPTS
MBBS PHASE -I					
MBBS PHASE-II					
MBBS PHASE- III PART-I					
MBBS PHASE III PART- II					
INTERNSHIP COMPLETION	FROM ----- TO -----				
NAME OF THE STATE MEDICAL COUNCIL WHERE REGISTERED (MBBS DEGREE)					
REGISTRATION NUMBER					
DATE OF REGISTRATION					
POST GRADUATE SPECIALIZATION					
NAME OF THE COLLEGE & UNIVERSITY					
MONTH & YEAR OF PASSING					
THESIS TITLE					

MARKS OBTAINED IN FINAL DEGREE	Maximum Marks	Marks Obtained	Percentage of Marks	No. Of Attempts	Month & year of passing
QUALIFYING EXAM MD/MS					
NAME OF THE STATE MEDICAL COUNCIL WHERE REGISTERED (MD/MS)					
COUNCIL REGISTRATION NUMBER					
DATE OF REGISTRATION					
DETAILS OF PUBLICATIONS AND RESEARCH PAPERS					

DECLARATION

I have carefully read the details regarding admission to the M.Ch program. I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue, I know that I am liable for criminal prosecution and will forego the allotted seat. In all matters regarding my admission to the course, the decision of the college is final and binding. I am also aware that the college will not refund the fees either in full or in part under any circumstance. If I intend to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the course. I agree to abide by the rules and regulations of the college that may be framed from time to time. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Mangalore or the Honorable High Court of Karnataka.

.....
Signature of the Applicant

.....
Signature of the Parent/ Guardian

Place:
Date: