



Nitte University

Declared as Deemed-to-be University under Section 3 of UGC Act, 1956

Application for MD/MS Program

Year 2017-18



K S HEGDE MEDICAL ACADEMY
(A constituent unit of Nitte University)

Affix recent
passport size
photo

Please mention your first three preferences

- SPECIALITY: ORTHOPAEDICS OPHTHALMOLOGY ENT PEDIATRICS
- ANAESTHESIOLOGY GENERAL MEDICINE O B G RADIOLOGY
- GENERAL SURGERY PATHOLOGY DERMATOLOGY BIO CHEMISTRY
- MICROBIOLOGY PHARMACOLOGY COMMUNITY MEDICINE
- ANATOMY PHYSIOLOGY PSYCHIATRY FORENSIC MEDICINE

Please complete all sections of the form. Read the guidance notes before completing the form

NEET PG Testing ID: _____ PGET No: _____

KEA Common Merit : _____ NEET Score: _____

All India NEET-PG 2017 Rank: _____ Quota Type: _____

Category: OPN (Pvt) GM (Pvt) Govt. Seat NRI Management

A. PERSONAL DATA

Name:

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Gender (M/F/TG)

Date of birth(dd/mm/yy)

Mother Tongue

Nationality

Country of Permanent Residence

State of Domicile

 Do you belong to
 SC/ST/OBC/Category1

 Any other caste (specify)

 Blood Group

 Father's name

 Occupation

 Annual income

 Mother's name

 Occupation

 Annual income

B. CONTACT DETAILS:

Current address for correspondence

Permanent address

Pin_____ Country_____

Pin_____ Country_____

Telephone (with code)

Telephone (with code)

Father's Mobile Number

Mother's Mobile Number

Student's Mobile Number

Local Guardian's Mobile Number

Father's / Mother's Email ID

Student's Email ID

PAN Number: **(To be filled compulsorily)**

 (Father's)

 (Mother's)

Aadhaar Card Number of the student: _____

Place of residence - Urban / Rural : _____

Hostel Required:

Yes

No

C. ACADEMIC QUALIFICATION

Exam Passed	College	University	Year of Passing	Marks		Class
				Maximum	Obtained	
I MBBS						
II MBBS						
III MBBS						
IV MBBS						

Total Marks:

Aggregate % :

D Practical training undergone other than required for MBBS :

E MCI Registration number and date:

F References: 1

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G DECLARATION BY THE STUDENT

I have carefully read the details regarding admission to the MD/MS course. 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 in material particulars, 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.

Place _____

Date _____

Signature of the Applicant

H. Declaration by the Parent/ Guardian

(to be signed by the Guardian only if both parents of the applicant are not alive)

I _____ hereby affirm that the information provided and enclosures submitted thereto in this application of my son/ daughter/ward _____ for admission to the MD/MS course is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and he/she will forego the allotted seat. I am aware that in all matters regarding his/her admission to the course, the decision of the College is final and binding. I am also aware that the College will not refund the fee either in full or in part, under any circumstance. If my ward decides to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues for the balance duration of the course. 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.

Place _____

Date _____

Signature of the Parent/Guardian
(If guardian, mention relationship)

GUIDANCE NOTES

You should ensure that you have filled in all the required information.

Please ensure that you have submitted the following documents along with the form.

Attested photocopies of

- NEET Score card
- MBBS marks cards for all 4 years / degree certificate / internship completion certificate / MCI registration certificate.
- 10th standard pass certificate for proof of date of birth.
- Registration fee of Rs 3000/- by DD favoring "Nitte University" payable at Mangalore.
- Proof of NRI status (Passport copy of parent, employment certificate, sponsorship letter).
- Aadhar Card copy of the student.

The application form with all enclosures should be forwarded to:

**The Dy. Director (Admin),
Nitte University,
University Enclave,
Medical Sciences Complex
Deralakatte, Mangalore – 575 018
Karnataka State, INDIA
Tel: +91- 824- 2204310 / 2204342 / 2204304
Website:www.nitte.edu.in | Email:info@nitte.edu.in**