APPLICATION FORM FOR ALL INDIA POST GRADUATE MEDICAL ENTRANCE TEST - 2015 (AIPGMET -15)

INSTRUCTIONS :-
1. Read all the instructions in the Brochure before completing the form.
2. Write in the boxes with Black Ball Point Pen in Capital Letters only.

1. Candidates Name (As given in Degree Examination)

2. Address for Communication

3. State:

4. Email:

5. Sex:  Male  Female

6. Date of Birth: D D M M Y Y Y Y


9. Name of the Bank:

Please mark the appropriate box with mark

10. M. C. I. Registration: Yes  No  Registration No. 

11. State M. C. Registration: Yes  No  Registration No.
12. Domicile of Maharashtra: Yes ☐ No ☐ Domicile State ________________________________

13. Whether admitted to and pursuing a post graduate course elsewhere? Yes ☐ No ☐

14. First MBBS:

<table>
<thead>
<tr>
<th>Year of Passing</th>
<th>Percentage of Marks</th>
<th>Attempt</th>
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15. Second MBBS:

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<tr>
<th>Year of Passing</th>
<th>Percentage of Marks</th>
<th>Attempt</th>
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16. Third MBBS Part I:

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<tr>
<th>Year of Passing</th>
<th>Percentage of Marks</th>
<th>Attempt</th>
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17. Third MBBS Part II:

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<th>Year of Passing</th>
<th>Percentage of Marks</th>
<th>Attempt</th>
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18. Internship Completion Date

D M Y Y Y Y

19. Name of the University: ________________________________

20. Subject Preferences for PG Degree Course:

1) _______________________________________________________

2) _______________________________________________________

3) _______________________________________________________

21. Declaration - I

(a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that, if any, information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.

(b) If admitted to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its Rules and Regulations.

(c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by those provisions.

Signature of the Candidate

22. Declaration - II

(a) I, the parent/guardian, of the applicant hereby declare that, I am aware of the financial obligations of admitting my child/ward to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the Rules of Dr. D. Y. Patil Vidyapeeth, Pune. I also affirm and endorse the declaration made above by my child/ward.

Place: ________________________________

Date: ________________________________

Father's / Guardian's Name: ________________________________ Signature of the Parent/Guardian