**APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE TEST - 2016**
**FOR ADMISSION TO M.Ch. NEUROSURGERY / D. M. NEPHROLOGY**

**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. **Candidate's Name (As in Degree Certificate)**

2. **Address for Communication**

3. **Candidate's Photograph**
   - Do not staple or pin the photograph paste it
   - PIN: ____________
   - Candidate's Signature

4. **State**

5. **E-mail**

6. **Sex:**
   - Male ☐ Female ☐

7. **Date of Birth**
   - D D M M Y Y Y

8. **Telephones**
   - STD Code
   - Telephones
   - Mobile

9. **Details of Demand Draft**
   - D. D. No.
   - Amount in Rs.
   - Date of Issue
   - D D M M Y Y Y

10. **Name of the Bank**

Please mark the appropriate box with ✓ mark

11. **Nationality**
   - Indian ☐
   - NRI / PIO / FN ☐

Super - Specialty Programme in
- D. M. Nephrology
- M.Ch. Neurosurgery

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**NAME & ADDRESS OF CANDIDATE**

**Application Number**

**Form No.:**

**Date of Examination**

**Thursday, 29/09/2016**

**Timing:** 11.00 am to 2.00 pm

**Centre of Examination**

Dr. D. Y. Patil Medical College, Hospital and Research Centre,
Pimpri, Pune - 411 018.

**Candidate's Photograph**

- Do not staple or pin the photograph paste it

**Candidate's Signature**
12. Name of the College & University
   From where you have passed Bachelor’s
   Degree or equivalent

13. Particulars of Marks obtained at various examinations

<table>
<thead>
<tr>
<th>Examination</th>
<th>Board University</th>
<th>Year of Passing</th>
<th>Attempt</th>
<th>Total Marks Obtained</th>
<th>Out of</th>
<th>Percentage</th>
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<td>I st MBBS</td>
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<td>M.S. / M.D. or equivalent</td>
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14. Whether obtained any other
   Post Graduate qualifications,
   if yes, give details

15. Whether admitted to any other
   PG Course in any subject at any
   other Institute, If yes, give details

16. 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 these

   Signature of the Candidate

17. Declaration - II
   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.

   Place :
   Date :
   Parent’s / Guardian’s Name :

   Signature of Parent / Guardian

FOR OFFICE USE ONLY

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<tr>
<th>Entrance Test Fee Rs.</th>
<th>Received in Cash / DD</th>
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<th>Receipt No.</th>
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INSTRUCTIONS FOR CANDIDATES

1. Candidate shall be present at the centre 30 minutes before the commencement of the examination.
2. No candidate be admitted to the test hall after 11.30 am.
3. No candidate will be allowed to write the test without an Admit Card.
4. Candidates must preserve the Admit Card till the process of admission.
5. No candidate shall be allowed to leave the test hall before the conclusion of the test and without handing over the
answer sheet and Test Booklet to the invigilator concerned.
6. The candidates shall not remove any page(s) from the Test Booklet and if any page(s) is / are found missing from his /her Test Booklet, he / she will be proceeded against and shall be liable for criminal action.
7. Candidates should bring good quality black ball point pen for the examination.
8. Use of calculators & other calculating devices (e.g. mobile / cellular phone, pager) is not allowed in the test hall.