

ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI, ANDHRA PRADESH EXAMINATION SECTION

APPLICATION FORM FOR PDCC COURSE, SEPTEMBER 2023 SESSION

| | . 1.0 | PDCC i | | | | | | |
|-----------------------------|------------------------------|----------|--------------|---------------------------------------|----------------|-------------------|------------------|-----------------------|
| Appli | ied for- | PDCC 1 | 111 | | | | | |
| | | (Write 9 | Subject on | nor Prognosti | 10) | | | |
| | | (write s | Subject as | per Prospecti | 18) | | | |
| Appli | ied under: | Open | (Yes/No) | | Sp | onsored (Yes/N | Го) | |
| Application Fee Details: | | | - | • | | Date: | | |
| | | (Please | attach pro | of of payment | ') | | | |
| 1 | Name (BLOCK 1 | | | <i>9</i> , <i>9</i> , <i>p ag men</i> | 7 | | Λ (Ci | naggnant |
| 2 | Father's I | Name | | | | | | passport hotograph |
| 3 | Date of B | irth | | | | | | |
| (Plea | se attach s | elf-atte | sted copy o | of relevant cer | tificate) | • | | |
| 4 | Permaner Address | nt | | | | | | |
| 5 | Address f | | | | | | | |
| 6 | Mobile No. Tele. No. | . / | | | | 7. Citizenship | | |
| 8 | e-mail id | | | | | 9. Gender | | M/F |
| 10 | Catego | ory | UR | SC | ST | OBC | EWS | PWBD |
| | se tick (√) t ing Reserve | | ropriate cat | egory and att | ach atteste | ed copy of releva | nt certif | icate if |

| 11 | Educational Qualification (Medical) | | | | | | |
|-----------|-------------------------------------|------|----------------------|-----------------------|------------------|------------------|-------------------|
| S. No. | Professional Education | | Name of Institute | Name of University | Medals | Total percentage | No of Attempts |
| No. | Education | exam | Institute | Oniversity | awards if any | obtained/Pass | _ |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

^{*}Attach self-attested copies of relevant documents.

| 12 | Experience details (if applicable) | | | | | |
|----|------------------------------------|-------------------|---------|---------|--|--|
| | Experience as | Name of Institute | From to | Remarks | | |
| 1 | | | | | | |
| 2 | | | | | | |
| | | | | | | |

^{*} Attach self-attested copies of relevant documents.

Declaration

| I | S/o/ | D/o | • | do hereby |
|---------------------|---------------------|------------------|---|---------------|
| | • - | • | his application are tru | J |
| and correct to the | best of my knowle | edge and belief | and nothing has been | n concealed |
| thereon. In the eve | nt of any informat | ion being found | d false or incorrect or | ineligibility |
| detected at any poi | nt of time, my cand | didature shall b | e liable to be rejected | without any |
| notice. | | | | |

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the course.

Date:-

Enclosures: -

| Copy of the self-attested Certificate | Please tick (√) |
|---|--------------------|
| 1. Date of Birth and Class X and XII Certificate | |
| 2. MCI/DCI registration | |
| 3. Internship completion certificate | |
| 4. SC/ST/OBC/EWS/PWBD certificate issued by the competent authority (if applicable) | |
| 5. MBBS Mark-sheets | |
| 6. MBBS Degree | |
| 7. MD/MS/DNB Mark Sheets | |
| 8. MD/MS/DNB Degree | |
| 9. Sponsorship Certificate (If applicable) | |
| 10. Attempt certificates (If applicable) | |
| 11. Copies of any other relevant documents | |