

**Institute of Post Graduate Medical Education & Research, Kolkata**

APPLICATION FORM FOR ADMISSION TO MEDICAL POST GRADUATE DEGREE / POSTDOCTORAL COURSE

**2023-2026** SESSION

Particulars of the students selected through NEET

Name of the Course applied for \_\_\_\_\_

Paste recent color  
passport size  
photograph

1. Name in full (BLOCK LETTERS):
2. Father's / Husband's name:
3. Name, Address & Occupation of Guardian  
(if other than father / husband):
4. Permanent Address (BLOCK LETTERS):
5. Mobile No. / Landphone No.:
6. E-Mail Address:
7. Nationality:
8. Religion
9. Date of Birth:
10. Sex:
11. Marital Status:
12. Open Category / Service Category:  
If Service, mention which service you belong to (WBHS/WBMES or other)
13. Rank & Percentile / Percentage of Marks in Entrance Exam:
14. University Registration No. & Name of the University for MBBS:
15. Permanent Medical Registration No. & Date:  
Name of the Council:
16. Date of Completion of Internship Training with Name of the Institution:
17. AADHAAR No:
18. PAN

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**19. Are you at present enrolled for any Postgraduate Degree / Diploma Course or PhD of any university? If so, give details:**

**20. Have you applied for admission or been admitted to any other course in any other institution during this session? If so, give details:**

I declare that all statements made in this application (including additional particulars) are true, complete and correct to the best of my knowledge and belief. I am bound to submit attested copies of all supporting documents as mentioned in my application.

I am bound to accept the stipulations made by the West Bengal University of Health Sciences for the purpose of admission to Medical Postgraduate Degree / Postdoctoral course for the ensuing session.

**Date & Place**

**Signature of Declarant in full  
and Roll No. in Entrance Examination**

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**DECLARATION IN RESPECT OF THE ADMISSION IN POST GRADUATE DEGREE / POST DOCTORAL COURSE**

I, \_\_\_\_\_, hereby declare that I **AM NOT IN** West Bengal Medical Education Service / West Bengal Health Service / other service (neither in regular service nor in ad-hoc service). In case of suppression or distortion of facts in my declaration, my admission to the course will be liable to be cancelled outright.

**Date & Place**

**Signature of Declarant in full  
and Roll No. in Entrance Examination**

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