

Institute of Post Graduate Medical Education & Research, Kolkata

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

2024-2027 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. Specify whether belonging to Gen / SC / ST / OBC / PWD / EWS category:
15. University Registration No. & Name of the University for MBBS:
16. Permanent Medical Registration No. & Date:
Name of the Council:
17. Date of Completion of Internship Training with Name of the Institution:

Contd ... 2

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

19. 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**

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**
