Institute of Post Graduate Medical Education & Research, Kolkata

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

2026 - 2029 SESSION

Particulars of the students selected through NEET

Paste recent color passport size photograph

Name of the Course applied for _____

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:**

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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 be 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**
