

10. Qualifications (Enclose photocopies of degrees and mark-sheets)

Name Examination	Date of Passing	Max. marks	Marks Obtained	No. of Attempts	% of Marks	College & University
Sr. Secondary						
1st MBBS						
2nd MBBS						
Final MBBS						
M.S. (Gen. Surgery)						
M.D. (Medicine)						
DNB Part-I CET						
% of marks obtained in MBBS : Aggregate marks :, Marks obtained :, %						
Other (Diplomas/ Degrees etc.)						

11. State Medical Council where registered and :
 registration number (enclose photocopy)

12. Choice of subject in order of preference : 1.
 2.
 3.
 4.

13. Have you applied before to this institution : YES / NO
 for a DNB Programme?

14. If "Yes" to above, give year of application :
 and subjects opted for :

Signature of the applicant

Note : Attach copy of documents seriatim wise

- i) Age Proof / Senior Secondary
- ii) MBBS - 1st Yr. / 2nd Yrs. / 3rd Yrs.
- iii) MD / MS
- iii) DNB (CET - Super Speciality)
- iv) MCI Registration
- v) Others - Diploma / Degrees