

Application fee: ₹ 1500/-

Application number:

Will be given by the Office



Government of Kerala
OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION,
Medical College.P.O, Thiruvananthapuram

**APPLICATION FOR ADMISSION TO
POST GRADUATE SUPER SPECIALITY COURSES, KERALA: 2010
Only for Service candidates**

(Read Notification, Prospectus & Instructions on Page 3 carefully before filling up this application form)

(1) Name in CAPITAL letters, beginning from the left; initials at the end of name. (Please insert one letter in a box)																	

2. Full postal address of the candidate in capital letters (With Pin Code)	<p>Please paste a recent Passport size photograph of the applicant, with Signature of the applicant, half on the photograph and half on the application</p>
	
	
	
Pin Code	

2 (a) Contact Telephone Number						3. Date of birth in Christian Era						
STD Code		Land Phone				Day	Month		Year		Age as on 22.08.2009	
(b)	Mobile No.				(c) E mail address, if any.							

4.	Details of M.B.B.S. Examination passed										
	(a) Write the Year of passing and Register number (Attach self attested copy of MBBS Degree certificate)										
	(b) Write the Name of College and University.										
	(c) Marks of MBBS Examination										
	Marks secured										
	Maximum marks										
5.	Details of MS Degree or D.N.B passed.										
	(a) Write the name of Degree [MS or Diploma of National Board] with Speciality.										
	(b) Write the Year of passing and Register number (Attach self attested copy of PG Degree certificate)										
	(c) Write the Name of the College and University.										

6.	Write the Permanent T C Medical Council Registration numbers for MBBS and P G Degree.			
7.	Details of Application Fee remitted			
	Chalan number	Name of Treasury	Date	Amount (in ₹)
A				
8.	Write the name of the Service Quota under which the admission is sought. (MESQ / HSQ/ IMSQ)			
	(a) Name of the Department in which the candidate is employed.			
	(b) Designation and official address			
	(c) Speciality in which working, in the case of MESQ candidates.			
	(d) Total length of service as on 18.09.2010		Year (s)	Month (s)
	(e) Whether probation declared? (Write YES/No) If YES, write the date of declaration of probation.			
9.	Have you availed of the benefit of reservation under service quota previously for undergoing P G Course? If so, give details.			
10.	Have you availed the benefit of Lecturer Trainee Scheme previously for undergoing P G Courses in any speciality in Medical Education Service? If so, furnish details.			
11. DECLARATION (To be filled and signed by all candidates)				
<p>I, Dr. hereby declare that, all the information furnished above are correct to the best of my knowledge and belief and that, I have fully read the conditions of admission to P G Super Speciality Courses - 2010 as contained in the Prospectus and the supplementary notification dated 18.09.2010. I also declare that, the rules and regulations stipulated in the prospectus will be observed and if selected, I agree to join the course to which selected and the college to which allotted and shall not engage myself in private practice during the period of the course. Should it however be found that, any information furnished is untrue, I realize that I am liable to criminal prosecution and also agree to forego my seat.</p>				
Place:				
Date:			Signature of the Candidate	

Instructions to fill in the Application Form

1. The Application form has 4 pages inclusive of the Main application form (Pages 1-2), Instructions for filling up the Application Form (page 3) and one Annexure I (page 4). Affix your recent passport size photograph on page number 1 of the application form.
2. **Date of Birth:** Self-attested copy of the certificate to prove Date of Birth should be enclosed with the application form.
3. **Details of Qualifying Examinations (M.B.B.S. and P.G.)** Attach self attested copies of MBBS and P G Degree / D.N.B Certificate.
4. **Details of Application fee remitted:** Write the Chalan Number, date and amount ₹.1500/- . The Application fee should be remitted in the Treasury under the Head of Account "0210-03-105-99" and the Chalan receipt should also be attached with the application form.
5. Candidates should attach **service details from the Accountant general.**
6. **Health service / Insurance Medical Service candidates should attach** "No Objection Certificate" from the Director of Health Services/IMS as per clause VII (e) of the Prospectus.
7. **Candidates should attach** a declaration regarding Lecturer trainee / deputation benefit availed previously.
8. All candidates should read and sign the '**declaration**' (item 11 of the Application form).
9. Application duly filled in together with Chalan and all other documents [mentioned under Clause VII (d) & (e) of the prospectus] should be forwarded to the concerned controlling officer (Director of Medical Education / Director of Health Services) by Speed Post/ Registered Post or through hand delivery so as to reach her before 25.09.2010, 5.00 pm.
10. Incomplete / defective / belated Applications will be rejected summarily.

ANNEXURE 1

Admission to PG Super Speciality Courses - 2010

DETAILS TO BE FURNISHED BY THE HEAD OF THE DEPARTMENT

(Director of Medical Education / Health Services / Insurance Medical Services)

1. Name and Designation of the Applicant			
2. Name of Service Quota under which admission is sought (MESQ / HSQ/ IMSQ).			
3. Department in which working, in the case of MESQ candidates			
4. Total length of service in the category under which admission is sought as on 18.09.2010	Years	Months	Days
5. Rank assigned in the respective quota.			
6. (a) If applying to Lecturer Quota, write the number and date of Kerala Public Service Commission Advice Memo.			
(b) Write the rank number of the candidate in the 'Advice List' if the list contains more than one candidate.			
7. Date of declaration of probation. <i>(Enclose copy of the order)</i>			
8. Whether any disciplinary action is pending against the applicant? If so, append details.			
9. Whether the applicant has availed the benefit of reservation for undergoing P G Course previously? If so, furnish the details.			
Certified that the particulars furnished above have been verified and found correct.			
Signature :			
Name :			
Place:	(Director of Medical Education / Health Services / Insurance Medical Services)		
Date :	(Office Seal)		