APPLICATION FORM FOR ALL INDIA POST GRADUATE MEDICAL ENTRANCE TEST - II - 2016 (AIPGMET - II -16)

INSTRUCTIONS :-
1. Read all the instructions in the Brochure before completing the form.
2. Write in the boxes with Black Ball Point Pen in Capital Letters only.

1. Candidates Name (As given in Degree Examination)

2. Address for Communication

3. State :

4. Email :

5. Sex : Male ☐ Female ☐ 6. Date of Birth : D D M M Y Y Y Y

7. Category : General ☐ NRI / PIO / FN ☐


10. Name of the Bank :

Please mark the appropriate box with ☑ mark

11. M. C. I. Registration : Yes ☐ No ☐ Registration No. __________________________

12. State M. C. Registration : Yes ☐ No ☐ Registration No. __________________________
13. Domicile of Maharashtra: Yes [ ] No [ ] Domicile State ____________________________

14. Whether admitted to and pursuing a post graduate course elsewhere? Yes [ ] No [ ]

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<th>Year of Passing</th>
<th>Percentage of Marks</th>
<th>Attempt</th>
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15. First MBBS:

16. Second MBBS:

17. Third MBBS Part I:

18. Third MBBS Part II:

19. Internship Completion Date D D M M Y Y Y

20. Name of the University: ________________________________

21. Subject Preferences for PG Degree / Diploma Course:

1) ________________________________

2) ________________________________

3) ________________________________

22. Declaration - I

(a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that, if any, information herein is found to be incorrect or incomplete, my application form will be rejected/admission will be cancelled.

(b) If admitted to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its Rules and Regulations.

(c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by those provisions.

Signature of the Candidate

23. Declaration - II

(a) I, the parent/guardian, of the applicant hereby declare that, I am aware of the financial obligations of admitting my child/ward to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the Rules of Dr. D. Y. Patil Vidyapeeth, Pune. I also affirm and endorse the declaration made above by my child/ward.

Place: ________________________________

Date: ________________________________

Parent / Guardian’s Name: ________________________________

Signature of the Parent/Guardian