

**Lata Mangeshkar Medical Foundation's
DEENANATH MANGESHKAR HOSPITAL AND RESEARCH CENTRE
Erandawane, Pune – 411 004. Phone No. 40151646**

APPLICATION FORM FOR ADMISSION TO D. N. B COURSE

SUBJECT APPLIED FOR: - _____

Name _____
(in Block letters) Surname First Middle

Date of Birth _____ Age _____ Sex _____

Permanent Address _____

_____ Tel No. _____

Postal Address _____

_____ Tel No _____

Mobile _____ E-mail _____

MCI / MMC Registration No (attach certificate) _____

Qualifications	College / Board / University	No. of Attempt / Year	Total marks (out of)	% of Marks
S. S. C				
H. S. C				
M. B. B. S - 1st year				
2nd year				
3rd year part I & II				
	Marks in the subject applied for			
CET - NBE				
D' Ortho				

Clinical Experience:-

Research / Project / Thesis:-

Attested copies of following documents to be attached with application:-

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. M.B.B.S Degree Certificate 2. MCI / MMC Registration 3. M.B.B.S Passing Certificate 4. Std. 10th & 12th Mark Sheet 9. CME/Workshop attended Certificates | <ol style="list-style-type: none"> 5. M.B.B.S Degree Mark-sheet-3 years 6. Internship Completion Certificate 7. CET-NBE Passing Certificate 8. Diploma Degree Certificate & Mark list |
|---|---|

Date: -

Signature

1. The application form is **Rs. 500** /- (Non-Refundable) to be paid by **cash / Demand Draft only**.
2. All Rules & Regulations of P.G. Training will be applicable to the admitted candidate.
3. **Incomplete** application form not accepted.