

**APPLICATION FORM FOR ADMISSION TO MEDICAL POST-GRADUATE /DIPLOMA COURSE
AT BURDWAN MEDICAL COLLEGE**

SESSION: 2024-25

Particulars of the students selected through NEET

*****Name of the Course applied for:**

Name in full (BLOCK Letters): _____

Father's/Husband's Name: _____

Name, Address & Occupation of Guardian
(if other than father / husband) : _____

_____ Pincode: _____

Permanent Address: _____

Mobile Number (MANDATORY): +91- _____

E-mail ID (MANDATORY): _____

Nationality: _____

Religion: _____

Date of Birth: _____ [DD/MM/YYYY]

Sex: **Male / Female / Others** (Please Tick)

Marital Status: **Single / Married** (Please Tick)

Category : **OPEN / SERVICE** (Please Tick)

If In-Service, please provide details:

Rank & Percentile / Percentage of Marks in Entrance Exam: _____

Community: **S.C. / S.T. / OBC / PH / EWS / General (UR)** [Please Tick]

Name of the University:

a. For M.B.B.S.: _____ Regn. No. _____

Permanent Medical Registration No. and Date: _____ dated _____

b. Name of the Medical Council:

Date of Completion of Internship Training with Name of the Institution Name (after MBBS) : _____

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 bound to accept the stipulations made by the W.B. University of Health Sciences for the purpose of admission to Medical Post-Graduate/Diploma course for the ensuing session.

******NEXT ROUND—**

.....
Signature of candidate

Name: _____

**APPLICATION FORM FOR ADMISSION TO MEDICAL POST-GRADUATE /DIPLOMA COURSES AT
BURDWAN MEDICAL COLLEGE**

Declaration in respect of the Admission to Post Graduate/Diploma Course

“I,, hereby declare that I AM NOT IN West Bengal Medical Education Service / West Bengal Health Service / other service (neither in regular nor in ad-hoc service). In case of any suppression or distortion of facts in my declaration, my admission/candidature to the course will be liable to be cancelled outright.”

Signature of declarant in full

Name (in Block Letters):

Roll No. in Entrance Exam:

Date :

Place :

Undertaking with respect to Admission to Post-Graduate/Diploma Courses

(As mentioned by the Govt. of India)

“I hereby declare that all the information given/uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any state, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.”

Signature of declarant in full

Name (in Block Letters):

Roll No. in Entrance Exam:

Date :

Place :

Government of West Bengal
Office of the Principal: Burdwan Medical College
BURDWAN - 713 104

Phone: 0342-2658641/42/46 FAX: 0342-2658636 Website:- www.burmed.org E-mail: principalbmc2015@gmail.com

POST GRADUATE ADMISSION SLIP

This is to certify that **Dr.** _____, Son/Daughter/
Husband of _____, residing at _____

_____, who having been qualified himself/herself
through All India / W.B. Post Graduate Entrance Examination 2024 with his/her Roll No.-
_____, was placed at Rank of _____ against Category- UR / SC /
ST / OBC-A / OBC-B / P.H. category, has got admitted to the **03 (three)/02 (Two) years** Post
Graduate/Diploma course, i.e. P.G. - _____ in the academic session **2024-2025**
at this Medical Teaching Institute on _____. At the time of getting admission he has
made payment of requisite Admission & Tuition fees with Caution Money deposit as per MCC
Guidelines.

He/She has also submitted at this office the following documents in Original, which shall remain
in custody of the undersigned, **till the completion of Indemnity Bond period (i.e. till three
years post publication of result of P.G. Course) :-**

- 1) **MBBS Degree Certificate.**
- 2) **MBBS Mark-sheets (1st Prof., 2nd Prof., 3rd Prof. Part-I & II) .**
- 3) **Permanent Registration Certificate**
- 4) **Internship Completion Certificate**

The above documents shall be released to the candidate on completion of the stipulated time
period as mentioned above, or on payment of me /Bond clearance as per Guidelines from competent
authority, on production of this **Admission Slip in original** (which is **MANDATORY**).

PRINCIPAL
Burdwan Medical College
Burdwan

Government of West Bengal
Office of the Principal: Burdwan Medical College
BURDWAN - 713 104

Phone: 0342-2658641/42/46 FAX: 0342-2658636 Website:- www.burmed.org E-mail: principalbmc2015@gmail.com

POST GRADUATE ADMISSION SLIP

This is to certify that **Dr.** _____, Son/Daughter/
Husband of _____, residing at _____

_____, who having been qualified himself/herself
through All India / W.B. Post Graduate Entrance Examination 2024 with his/her Roll No.-
_____, was placed at Rank of _____ against Category- UR / SC /
ST / OBC-A / OBC-B / P.H. category, has got admitted to the **03 (three)/02 (Two) years** Post
Graduate/Diploma course, i.e. P.G. - _____ in the academic session **2024-2025**
at this Medical Teaching Institute on _____. At the time of getting admission he has
made payment of requisite Admission & Tuition fees with Caution Money deposit as per MCC
Guidelines.

He/She has also submitted at this office the following documents in Original, which shall remain
in custody of the undersigned, **till the completion of Indemnity Bond period (i.e. till three
years post publication of result of P.G. Course) :-**

- 1) MBBS Degree Certificate.
- 2) MBBS Mark-sheets (1st Prof., 2nd Prof., 3rd Prof. Part-I & II) .
- 3) Permanent Registration Certificate
- 4) Internship Completion Certificate

The above documents shall be released to the candidate on completion of the stipulated time
period as mentioned above, or on payment of me /Bond clearance as per Guidelines from competent
authority, on production of this **Admission Slip** in original (which is **MANDATORY**).

PRINCIPAL
Burdwan Medical College
Burdwan

Government of West Bengal
Office of the Principal: Burdwan Medical College
BURDWAN - 713 104

Phone: 0342-2658641/42/46 FAX: 0342-2658636 Website:- www.burmed.org, E-mail: principalbmc2015@gmail.com

POST GRADUATE ADMISSION SLIP

This is to certify that **Dr.** _____, Son/Daughter/
Husband of _____, residing at _____

_____, who having been qualified himself/herself
through All India / W.B. Post Graduate Entrance Examination 2024 with his/her Roll No.-
_____, was placed at Rank of _____ against Category- UR / SC /
ST / OBC-A / OBC-B / P.H. category, has got admitted to the **03 (three)/02 (Two) years** Post
Graduate/Diploma course, i.e. P.G. - _____ in the academic session **2024-2025**
at this Medical Teaching Institute on _____. At the time of getting admission he has
made payment of requisite Admission & Tuition fees with Caution Money deposit as per MCC
Guidelines.

He/She has also submitted at this office the following documents in Original, which shall remain
in custody of the undersigned, **till the completion of Indemnity Bond period (i.e. till three
years post publication of result of P.G. Course) :-**

- 1) MBBS Degree Certificate.
- 2) MBBS Mark-sheets (1st Prof., 2nd Prof., 3rd Prof. Part-I & II) .
- 3) Permanent Registration Certificate
- 4) Internship Completion Certificate

The above documents shall be released to the candidate on completion of the stipulated time
period as mentioned above, or on payment of me /Bond clearance as per Guidelines from competent
authority, on production of this **Admission Slip** in original (which is **MANDATORY**).

PRINCIPAL
Burdwan Medical College
Burdwan