

For office Use only
Roll No.

Application Form for Superspeciality Courses

CHRISTIAN MEDICAL COLLEGE

LUDHIANA - 141 008, PUNJAB

ADMISSIONS - May - 2011

Affix Passport
Size Photograph



Application No. :

1. Name of Applicant _____
2. Sex M/F _____
3. Date of Birth _____
4. Religion _____
5. Marital Status _____
6. Domicile _____
7. SC/ST/BC/Others _____
8. Father's Name _____
9. Mother's Name _____
10. Address for correspondence _____

Pin Code _____ Telephone _____ Mobile _____

E-mail _____ Fax _____

11. DM Cardiology M.Ch Neurosurgery Plastic Surgery
Tick appropriate Box

12. APPLICATION FEE DETAILS :

Amount	D.D. No.	Date	Name of Bank

13. MBBS COURSE DETAILS : COLLEGE :

UNIVERSITY :

Examination	Month & Year of Passing	Marks Obtained/Total Marks	% Obtained
1st Professional			
2nd Professional			
Final Prof - Part 1			
Final Prof - Part 2			
TOTAL			

14. COMPULSORY ROTATING INTERNSHIP PROGRAMME

College/Hospital	University	Starting Date	Date of Completion

15. POST GRADUATE PROGRAMME : (Specify Course / Subject) : _____

College	University	Date of Starting	Date of Completion	No of Attempts	If Sponsored	
					Yes	No

16. REGISTRATION WITH MEDICAL COUNCIL OF INDIA / STATE MEDICAL COUNCIL

Registration No.	Date	Temporary / Permanent	State Council / MCI