Lokmanya Tilak Municipal Medical College & General Hospital,
Municipal Corporation of Greater Mumbai, Sion, Mumbai-400 022

Application form for Post graduate Fellowship courses
(Under the aegis of the Maharashtra University of Health Sciences)

Last date for receipt of application forms –5th February 2015, till 3 pm in the Respective Department Office, Lokmanya Tilak Municipal Medical College & General Hospital, Municipal Corporation of Greater Mumbai, Sion, Mumbai-400 022.

For Office use only
Name of the HOD/PG teacher under
Whom student admitted provisionally
For fellowship/certificate course ---
Term ------------------- (month and year) to -------------------- (month and year)

Date :

Dean,
Lokmanya Tilak Municipal Medical College & General Hospital,
Photo
Municipal Corporation of Greater Mumbai,
Sion, Mumbai-400 022

Sir,
I wish to apply for Fellowship/Certificate (strike out whatever is not applicable) course in
_____
(Please see the attached table and write name of fellowship course)

If selected, I will pay the prescribed fees as per the following instructions:

Fellowship   To be decided by MUHS
Certificate   To be decided by MUHS

Note : Please make DDs only after the interview and final selection
Three Demand drafts in favour of

                                            Draft no.   Bank

Dated
1. The Registrar , MUHS, Nashik.
    (payable at Nashik)
    (Rs. 12,500/-)
2. Municipal Corporation of Greater Mumbai
    (payable at Mumbai)
    (Rs. 22,500/-)
3. SJRF, LT Hospital.
    (Payable at Mumbai)
    (Rs. 15,000/-)

Applicant's particulars

  1. Name in full (begin with surname in Capital)

  2. Present address

  3. Contact details

  Phone: _____ E mail :

  4. Permanent address

  5. Do you belong to backward class, If yes, give details (Viz. SC, ST, VJ / NT or OBC with
     subcaste)

**6. Name of the medical college from which you have completed PG degree/
diploma and if the college is recognized by the Medical Council of India**

_____

**7. Date and number of provisional registration with the Maharashtra Medical
council/concerned state medical council (with name and address of the**

_____

**8. Date and number of permanent/full registration with the Maharashtra Medical
Council/concerned state medical council with name**

_____

9. Date of starting and completing the PG degree

_____

10. Examination passed :

Exam of Delay Term/s#	Month &Year of Exam	Actual Marks Obtained	Out of Marks	Dist./1st Rank in University	No. in
MBBS					
PG Degree/ Diploma*					
PG Degree/ Diploma*					
PG Degree/ Diploma*					

 # If not passed in minimum prescribed terms
* Mention all PG Degree/diplomas

DECLARATION

I hereby agree, that I will follow the rules and regulations at present in force or that may hereafter be made for the administration of the college and its associated recognized hospitals and under take that so long as I am a fellow/certificate course student of the college, I will do nothing unworthy of the student of the college either inside or outside or anything that will interfere with its orderly working and discipline. I also declare that the information/particulars furnished above by me is true to the best of my knowledge. I know the consequences as provided in rules of MUHS and MCGM (as applicable) as regards furnishing false information/concealing any information.

Signature of Applicant

Date :
Place:

CERTIFICATES TO BE ATTACHED (Please attach attested true copies where applicable and
originals where applicable):
1. Recommendation from PG teacher (original).
2. M.B.B.S. Marksheets and Passing Certificate.
3. MD/MS/DNB/Diploma Marksheet and Passing certificate.
4. Copy of passport/Domicile as proof of Nationality.
5. Copy of School Leaving certificate/Birth certificate as proof of date of birth.
6. Copy of Permanent registration certificate issued by the Secretary, Maharashtra Medical Council. (Internship completion certificate & permanent registration certificate with Maharashtra Medical Council must be submitted before starting residency, if required, in case the said certificate is not available.)
7. In case of B.C. Candidate
a) Caste certificate from Presidency magistrate and Caste validity certificate from competent authorities.
b) Certificate from the Dean that the admission was granted under Reserved Category.
If admitted, students are required to give their Mumbai address in the college office and notify any subsequent change of address (PG rule 7 clause XI). They are also required to submit 3 photos at the time of admission in addition to the one that is stuck on the form.

Information given wrongly or proved otherwise will disqualify the candidate