

SANCHETI INSTITUTE FOR ORTHOPAEDICS AND REHABILITATION

POST GRADUATE COLLEGE
16, SHIVAJINAGAR, PUNE 411 005. PHONE NO. 25536666, 25536262, FAX : 25535555

DATE OF APPLICATION : _____ **COURSE :** _____ **ACADEMIC YEAR :** _____

NAME OF THE CANDIDATE : _____

AGE : _____ **DATE OF BIRTH :** _____ **SEX :** _____

PHONE NO. : _____ **MOBILE NO. :** _____ **E-MAIL ID :** _____

PERMANENT ADDRESS : _____

FATHER'S / GUARDIAN'S NAME: _____

OCCUPATION : _____

ADDRESS : _____

PHONE NO. : _____ **MOBILE NO. :** _____ **E-MAIL ID :** _____

EDUCATIONAL DETAILS :

CET DETAILS :

EXAMINATION	YEAR OF PASSING	ATTEMPT	PERCENTAGE
1 ST M.B.B.S.			
2 ND M.B.B.S.			
3 RD M.B.B.S.			

CET	MARKS	PERCENTAGE
NEET PG		

DATE OF COMPLETION INTERNSHIP (HOSPITAL & RURAL) : _____

POST HELD AFTER INTERNSHIP TILL DATE :

POST HELD	DURATION	NAME OF THE HOSPITAL

RESEARCH PROJECTS IF ANY: _____

OTHER DETAILS IF ANY : _____

REFERENCES - 1) NAME : _____
ADDRESS : _____

2) NAME : _____
ADDRESS : _____

TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION GIVEN IN THIS FORM IS TRUE.

NOTE : PLEASE ENCLOSE THE ATTESTED PHOTOCOPY OF THE CERTIFICATES.

DATE :

SIGNATURE

DETAILS OF NRI

- 1) **NAME OF THE NRI RELATIVE** : _____
- 2) **PLACE** : _____
- 3) **DURATION OF STAY** : _____
- 4) **DETAILS OF RELATION WITH CANDIDATE** : _____

FOR OFFICE USE ONLY

- 1) **DETAILS OF CET** : _____
- 2) **DETAILS OF NRI RELATIONSHIP:** _____
- 3) **OTHER REMARK** : _____

