

INSTITUTE OF MEDICAL SCIENCES

BANARAS HINDU UNIVERSITY VARANASI - 221 005

One year **POST DOCTORAL CERTIFICATE COURSES** (linked with Senior Residency) for the session July 2012 in the following super speciality of Anaesthesiology.

- Intensive Care
- Pain & Palliative Care
- Neuro Surgical Anaesthesia
- Cardiothoracic Surgical Anaesthesia
- Paediatic & Neonatal Surgical Anaesthesia

In the pay scale of Rs.25350 + NPA + other allowances as per university rules. The application must be sent by Registered/Speed post to the Head, Department of Anaesthesiology, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221 005 on or before 9th June 2012. Appearing batch can apply and may come with marksheet and certificate at the time of Written examination cum counseling which will be held on 25th of June 2012.

IMPORTANT DATES

Last date for submission of Application Form : 9th June 2012

Date of Written Examination and Counseling : 25th June 2012

Date of commencement of course : 1st July 2012

PROFESSOR & HEAD

INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY VARANASI - 221 005

J	Post Doctoral En		Examinati CATION F		2011 Sessio	n	
Community : SC	ST [Others				
Category : Sponso	ored Forei	gn	Neither o	of these			
Full Name of applican	t (in CAPITAL Le	etters)					
Father's/Husband's Na	ame (in CAPITAL	. Lette	rs)				
Sex: Male Fe	emale	Natio	onality: I	ndian] o[rs	
	ate	Mont		Year			
Academic Qualification			the High So Division	chool or a			n) Distinction/
Examination/Degree	Subject/ Specializatio n	Year	DIVISION	Marks/ Grade	No. of Attempt s subject wise	University / College/ Board	Scholarship
Medical Registration I (a) Permanent (b			(c) Date D D		ration YYY	Y	
NAME AND FULL MAIL Name) SIGN	NATURE OF	THE CANDIDA	ATE
Address							
PIN CODE							
UNDERTAKING: I sole	mnly affirm that	the in	nformation	furnishe	d herein is	correct in thi	s form. I

UNDERTAKING: I solemnly affirm that the information furnished herein is correct in this form. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or falsification then forgo my claim to the admission/appointment in the Institute.

Date : Signature of the Candidate

Contact Tel. No. with STD Code	Contact Tel. No. with STD Code Mobile No. : E.mail Details of Experience/Employment/Specialized Training/Senior/Junior Residency/Demonstratorship/Fellowship after Graduation/Post Graduation Name of the Hospital/Institutio To be filled in only by Sponsored Candidate (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding							
Mobile No. :	Mobile No. : E.mail E.mail		?SS	(b) Local Cor	(b) Local Contact Address			
Mobile No. :	Mobile No. : E.mail E.mail							
Mobile No. :	Mobile No. : E.mail E.mail							
E.mail E.mail E.mail	E.mail Details of Experience/Employment/Specialized Training/Senior/Junior Residency/Demonstratorship/Fellowship after Graduation/Post Graduation Name of the Hospital/Institutio Name of the Hospital/Institutio Nature of duties From To Nature of duties To be filled in only by Sponsored Candidate (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding Duration Amount Declaration Declaration I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. **I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.		h STD Code		No. with STD cod	e		
Name of the Position Held Period Nature of duties	Details of Experience/Employment/Specialized Training/Senior/Junior Residency/ Demonstratorship/Fellowship after Graduation/Post Graduation Name of the Hospital/Institutio							
Nature of duties Nature of duties Position Held Period Nature of duties	Demonstratorship/Fellowship after Graduation/Post Graduation Name of the Position Held Period Nature of duties	E.mail		E.mail				
Name of the Hospital/Institutio n	Name of the Hospital/Institution			•	•	nior Residency/		
To be filled in only by Sponsored Candidate (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding Duration Amount DECLARATION To be completed and signed by the Candidate DECLARATION Thereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. There informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my uppearing in the above Entrance Examination/admission to the course, my	To be filled in only by Sponsored Candidate (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding					Nature of duties		
To be filled in only by Sponsored Candidate (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding Duration Amount DECLARATION hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my andidature/registration/admission may be cancelled/terminated. I have not concealed any information. realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to itivil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. "I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in he event of any communication from my Institute/Office/Department withholding permission to my uppearing in the above Entrance Examination/admission to the course, my	To be filled in only by Sponsored Candidate (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	Hospital/Institutio			То			
(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	n						
(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.							
(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.							
(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.							
(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.							
(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.	(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms.		To be filled in	n only by Sponsored C	andidate			
for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding Duration Amount DECLARATION hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. Tealize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. *I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my	Figure 1. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization) Signature & Seal of forwarding authority (ii) Source of funding			o, 2, opoo.c. c				
DECLARATION To be completed and signed by the Candidate DECLARATION Thereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. The realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. *I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my	To be completed and signed by the Candidate DECLARATION I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. **I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.		•		о. оролоол			
DECLARATION Thereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. *I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in he event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my	DECLARATION I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. **I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.	(ii) Source of f	J ,	•				
DECLARATION Thereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. *I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in he event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my	DECLARATION I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. **I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.	(ii) Source of f	J ,	•				
hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. *I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my	I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. **I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.	(ii) Source of f	J ,	•				
been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. *I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in he event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my	been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute. **I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.		funding	Duration				
	Date Signature & Seal of attesting authority Signature of the Candidate		funding	Duration				
Oate Signature & Seal of attesting authority Signature of the Candidate		I hereby declare that been concealed. candidature/registration in civil/criminal prosecut **I have informed my exthe event of any corrappearing in the	the information furnis In case any infor on/admission may be aformation furnished le cion and also forgo my employee/HOD in write mmunication from m e above Entrar	Duration	cation Form is core me is found I have not concea correct or untrue. appointment in the	rect and nothing has to be false, my led any information. I shall be liable to e Institute. I undertake that in g permission to my		
	Place	To be completed and I hereby declare that been concealed. candidature/registration I realize that if any in civil/criminal prosecut **I have informed my enthe event of any corrappearing in the candidature/registration	the information furnis In case any infor on/admission may be aformation furnished lation and also forgo my employee/HOD in writh mmunication from manale above Entraion/admission may be	Duration	cation Form is core me is found I have not concea correct or untrue. appointment in the r this examination. rtment withholdin hission to th	rect and nothing has to be false, my led any information. I shall be liable to e Institute. I undertake that in g permission to my ne course, my		

** T = L = J = 1 = 4 = 1 *C +1	daka da waka wa 1		
** To be deleted if the candi	laate is not employed		