



MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

(Deemed University under section 3 of UGC Act- 1956)

MGM - PG - CET - 2012

APPLICATION FORM

INSTRUCTIONS : 1) Read all the instructions carefully before filling the form. 2) Write with Black Ball Point Pen in boxes using English Capital Letters Only. 3) Do not make any stray marks on this application form, do not staple pin, wrinkle, scribble, tear, wet or fold this sheet as it will be scanned by computer. 4) Fill appropriate circle like this ● wherever necessary and not like this ○ ○ ○ ○

Application No.

1 2 3 4

1. Name of the Candidate :

First Name

S U J A T A

Father's Name

P R A K A S H

Mother's Name

S A R A S W A T I

Surname

K A D A M



2. Date of Birth : 2 6 0 8 1 9 8 7

3. Nationality : ● Indian ○ Foreigner ○ NRI **4. Sex :** ○ Male ● Female

Signature of the Candidate

5. Telephone No. with STD code : 0 2 2 - 2 7 5 7 2 2 3 1

6. Mobile No. 0 9 8 9 1 2 3 4 5 6 7

7. Address : A H - 1 , R O D M O N O - 8 3 , K E N D R A I Y A
V I H A R , K H A R G H A R , O N A V I O M U M A B I
D I S T - R A I G A D **Pin :** 4 1 0 2 1 0

8. E-mail Address (Capital Letters) : S U J A T A . P @ A D I . C O M

9. Doing PG Degree/Diploma course : ○ Yes ● No

10. a) Internship : From 2 2 0 2 2 0 1 1 To 2 1 0 2 2 0 1 2

(Attested copy of Internship Completion Certificate should be enclosed)

b) if Internship is not yet completed :

(Enclose a certificate certifying probable date of completion.)

(i) Date of Commencement

(ii) Probable Date of Completion

11. MBBS Marks :	Month	Year	Marks Obtained	Out Of	Percentage Of Marks
First Year	0 8	1 9 8 2			%
Second Year	0 8	1 9 8 2			%
Third Year (I)	0 8	1 9 8 2			%
Third Year (II)	0 8	1 9 8 2			%
AGGREGATE MARKS:					%

12. a) Name and address of the Medical College where qualified :

UG: M G M M E D I C A L C O L L E G E

PG:

b) Whether the Medical College is recognised by the MCI: ● Recognised ○ Not Recognised

13. Registration No., Month and Year of Passing of MBBS examination and Name of Council :

 Registration No. :

 Month :

 Year :

 Name of the Council :
14. Details of Permanent Registration :

 Name of the Medical Council :

 Registration No. and Date :
15. a) Whether the candidate has passed all the examinations in the first attempt during MBBS Course :
 Yes No

b) If No, how many attempts were made to pass :

Sr.	MBBS Exam	No. of Attempts
1	First MBBS	<input type="text" value="1"/>
2	Second MBBS	<input type="text" value="1"/>
3	Final MBBS Part - I	<input type="text" value="1"/>
4	Final MBBS Part - II	<input type="text" value="1"/>

16. Name of the University which awarded MBBS Degree :

17. Examination Center Code Preference:

(Please refer for rule no 4.1 of PG CET Brochure for examination center code)

18. Details of Exam Fee :

 DD No. :

 DD Date :

 Amount :

 Bank Name :

 Branch :
DECLARATION BY THE CANDIDATE

- I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form is true and correct.
- I agree to abide by the Rules, Regulations and Procedures as contained in the Information Brochure.
- At present, I have not taken admission to any Postgraduate Health Science course in the previous year(s). I further declare that, if it is proved that I have secured admission for any of the PG course earlier/ discontinued after taking admission, my current year's admission shall be cancelled.
- I understand to submit all the required original certificates at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.
- I have not concealed any material, information, however any information submitted herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat in Health Science College. I understand that the selection and admission to the course is also liable to be cancelled.

 Place : KHARGHAR

 Date : 15 - 12 - 2011

 Signature of the Candidate

RECEIPT - CUM - IDENTITY CARD

Application no.

Recent Photograph
of the candidate
with name &
application no.
(3.5 cm x 4.5 cm)

Received application from Dr.

..... for examination of MGM - PG - CET -
2012 along with DD. No. in favour of "MGM Institute of Health Sciences
" payable at "Mumbai" drawn on a Nationalised / Scheduled Bank.

Name of Bank

Dated :

Date :

Stamp & Signature of Receiving Authority

Receipt of Application Form

Application No.

Received Rs.....towards the cost of application form and information brochure of MGM - PG - CET -
2012 from Dr. by
DD. No. In favour of "MGM Institute of Health Sciences
" payable at " Mumbai" drawn on

(Bank name) Dated

Date :

Stamp & Signature of Receiving Authority

Recent Photograph
of the candidate
with name &
application no.
(3.5 cm x 4.5 cm)

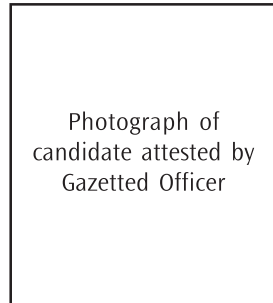
Annexure E

Authority Letter

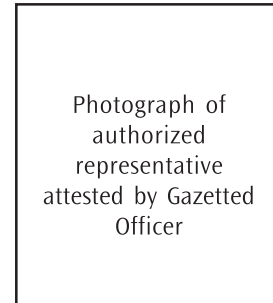
I, *Son / Daughter / Wife of Mr.
..... bearing seat no. in MGM - PG - CET - 2012, Merit No.
..... for admission to PG course do hereby authorize Mr./ Mrs. / Miss
..... to represent me on date before the committee for
selection..

The signature and the photograph of above named person is attested below.

Candidate's Photograph



Representative photograph*



UNDERTAKING

I, *Son / Daughter / Wife of Shri. aged
..... Years, do hereby solemnly affirm and undertake that the decision of my authorized proxy, Mr./
Miss./ Mrs. regarding selection of seat in interview on
..... Shall be binding to me and I shall not have any claim whatsoever, other than the
decision taken by my authorized representative on my behalf

.....
Signature of Authorised proxy

.....
Signature of Candidate

* representative should be a father/ mother/ elder brother / elder sister/ elder brother in law/ elder sister in law

Annexure F

FORMAT FOR REVERIFICATION & MARKS

Name : _____

Address : _____

Tele. : Resi. _____ Mob. _____

MGM- PG- CET- 2012 Seat No. _____ Appl. No. _____ Merit No. _____

D.D. No _____ Name of Bank _____ Date _____

Of ₹ 2000/- in Favour of "MGM Institute of Health Sciences" payable at "Mumbai".

Date :

Place :

Signature of Candidate

ACKNOWLEDGEMENT

Received application for verification of marks of MGM - PG - CET - 2012 along with DD of ₹ from

Dr. MGM - PG- CET- 2012 Seat No.

--	--	--	--	--

Date :

Stamp & Signature of Receiving Authority

Annexure G

Undertaking to be submitted on stamp paper of Rs.100/- by the candidate as well as his parent

AFFIDAVIT FORMAT

I..... Son/ daughter of hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief that,

- A) I am a citizen of India.
- B) I have studied and understood the rules governing counseling, admission procedure, and fee structure and agree to abide by these rules.
- C) If admitted to any of the Institutions of the MGM University Navi Mumbai, I will abide by all its rules and regulations, especially those regarding discipline, attendance, examinations and payment of fees. I understand that failure to comply with the rules and regulations will invite an appropriate disciplinary action from the University / institutional authorities.
- D) I will not involve myself in any action of ragging during the course of my education in this University. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.

Name of Candidate :

Date :

Place :

Signature of the Candidate

Left Thumb Impression of the Candidate

I..... the father/ mother / guardian of an applicant for admission to course at MGM University, Navi Mumbai, hereby solemnly affirm that all the above statement made by son / daughter / ward are true to the best of my knowledge and belief. I will be responsible for the payment of his/her fees on time and for his/her conduct.

Name of the Parent / guardian

Relationship to candidate

Date :

Address with Phone No :

Signature of the parent / guardian

Left Thumb Impression of the parent / guardian

Annexure H



MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

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MGM - PG - CET - 2012

PREFERENCES FORM

Note : Please read all the instructions given in Brochure carefully before filling the form

IMPORTANT INSTRUCTIONS

1. This Form will be Computer Scanned. Do not fold, staple, wrinkle, tear or wet this Form
2. Write in **Black Ball Point Pen** in boxes using English Capital Letters Only
3. Do not make any stray marks on this Form
4. Darken the circle in front of your category, like this ●
5. The college/Course code are mentioned below, kindly fill appropriate code in the boxes provided.
6. The Councelling schedule of admission will be displayed only on the web-site

Application no.				MGM-PG-CET-2012 Seat no.				MGM-PG-CET-2012 Merit no				Category	
												General	NRI

Name of Course	MGM Medical College Navi Mumbai Subject Code	MGM Medical College Aurangabad Subject Code
MD Ana tomy	101	201
MD Physiology	102	202
MD Biochemistry	103	203*
MD Microbiology	104	204
MD Pharmacology	105	205
MD Pa thology	106	206
MD Community Medicine	107	207
MD G eneral Medicine	108	208
MD Respi ratory Medicine	109	209*
MD Dema tology	110	210
MD Paedia trics	111	211
MD Anaesthesiology	112	212
MD Radiology	113	213
MD Psychia try	114	214
MS G eneral Surgery	115	215
MS Orthopedics	116	216
MS Ophthalmology	117	217
MS Obst. & Gynaec.	118	218
MS ENT	119	219
DCH	120	220
D. Ortho	121	221
DA	122	222
DO	123	223*
DGO	124	224*
DMRD	125	225
Dematology (Skin & VD)	-	226
D.C.P	-	227

* Awaiting Approval of government of India.

P.T.O.

Order of Preference	Subject Code		
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Order of Preference	Subject Code		
8.			
9.			
10.			
11.			
12.			
13.			
14.			



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1. Name of the Candidate :

First Name

Father's Name

Mother's Name

Surname

Recent
Photograph of the
Candidate with
name &
application no.
(3.5 cm x 4.5 cm)

2. Date of Birth :

3. Nationality : Indian Foreigner NRI | 4. Sex : Male Female

Sign across the

5. Local Address

 Pin :

6. Permanent Address

 Pin :

7. Doing PG Degree/Diploma course : Yes No

8. a) Internship : From To

(Attested copy of Internship Completion Certificate should be enclosed)

b) if Internship is not yet completed :

(Enclose a certificate certifying probable date of completion.)

(i) Date of Commencement

(ii) Probable Date of Completion

9. MBBS Marks :

	Month	Year	Marks Obtained	Out Of	Percentage Of Marks
First Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Second Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Third Year (I)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Third Year (II)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
AGGREGATE MARKS:			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

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UG:

PG:

* b) Whether the Medical College is recognised by the MCI: Recognised Not Recognised

* Very Important to Tick.

11. Registration No., Month and Year of Passing of MBBS examination and Name of Council :

Registration No. :

Month : Year :

Name of the Council :

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Name of the Medical Council :

Registration No. and Date :

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Date : _____

Place : _____

Signature of the Candidate



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PERSONAL INFORMATION

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Application No.

1. Name of the Candidate :

First Name

Father's Name

Mother's Name

Surname

2. Date of Birth : DDMMYYYY

3. Nationality : Indian Foreigner NRI

4. Sex : Male Female

Recent
Photograph of the
Candidate with
name &
application no.
(3.5 cm x 4.5 cm)

Sign across the

5. Telephone No. with STD code :

6. Mobile No.

E-mail :

5. Local Address

 Pin :

6. Permanent Address

 Pin :

Date : _____

Place : _____

Signature of the Candidate