

**Application Form for Post-Doctoral Certificate course (PDCC)**  
**in various Superspeciality of Anaesthesiology**  
**[Intensive Care, Neurosurgical anaesthesia, Cardiothoracic anaesthesia,**  
**Paediatric & Neonatal anaesthesia, Pain & Palliative Care]**

**Last date of receipt of duly filled application: 10.08.2017 till 11.59 PM**

[Note: Candidates are advised to read the instructions carefully provided in this link prior to filling up the form. Fields marked with a red asterisk are mandatory. Please keep on clicking the 'save' button on the top right corner while filling up the form to make sure that you do not lose any information due to network connectivity issues. Click on the submit button for the final submission of the form.]

Please paste a  
recent  
coloured  
photograph  
(4.5 cm x 3.5  
cm)

\*1. Name: \_\_\_\_\_

\*2. Date of birth: (DD/MM/YY): \_\_\_\_\_

\*3. Gender:        M/F

\*4. Marital Status: Unmarried/ Married

\* 5. If married, name of the spouse: \_\_\_\_\_

\*6. Nationality: \_\_\_\_\_

\*7. Application category: Regular/ Sponsored

\*8. Father's Name: \_\_\_\_\_

\*9. Mother's name: \_\_\_\_\_

\*10. Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_

\*11. Contact number: STD \_\_\_\_\_ Landline No. \_\_\_\_\_

\*12. Mobile number: \_\_\_\_\_

\*13. Email address: \_\_\_\_\_

\*14. Permanent Address (same as Correspondence address):        Yes /No

If no, then :        \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_

**\*16. MD or equivalent:**

Institute: \_\_\_\_\_

University: \_\_\_\_\_

Year of passing: \_\_\_\_\_

Number of attempts: \_\_\_\_\_

Marks obtained in MD examination or equivalent: Yes /No

If yes, then: Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_

**\*17. Whether the MD is recognized by the Medical Council of India: Yes/ No**

**\*18. MCI registration number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Registration: \_\_\_\_\_**

**\*19. MBBS: Institute: \_\_\_\_\_**

University: \_\_\_\_\_

Year of passing: \_\_\_\_\_

Number of attempts: \_\_\_\_\_

**Marks obtained in MBBS:**

I Prof            Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_

II Prof            Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_

III Prof            Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_

IV Prof (if any)    Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_

**\*20. Marks obtained in Intermediate/ 10+2:**

Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_

**21. Any other qualification: \_\_\_\_\_**

**Add another, if any: \_\_\_\_\_**

**22. Details of Experience/ Specialized training/ Senior residency/ Fellowship etc. (if any):**

Name of the course/ training: \_\_\_\_\_

Institute: \_\_\_\_\_

Duration: \_\_\_\_\_

**Add another, if any:**

**23. Checklist of documents:**

- i. Date of birth certificate/ Matriculation certificate: Y/N**
- ii. Marksheet of Intermediate/ 10+2: Y/N**
- iii. Marksheet of MBBS I Prof: Y/N**
- iv. Marksheet of MBBS II Prof: Y/N**
- v. Marksheet of MBBS III Prof: Y/N**
- vi. Marksheet of MBBS IV Prof: Y/N**
- vii. Marksheet of MD/ MD certificate: Y/N**
- viii. MCI registration certificate: Y/N**
- ix. Attempt certificate of MBBS: Y/N**
- x. Attempt certificate of MD or equivalent: Y/N**
- xi. Experience certificate: Y/N**
- xii. Certificate of additional qualification/ training etc.: Y/N**
- xiii. Sponsorship certificate: Y/N**

## 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 at any stage, my candidature/registration/ admission may be cancelled/terminated. I also realize that if any information furnished herein is found to be incorrect, I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/ appointment in the Institute.

Date: \_\_\_\_\_

Signature of the Candidate

Place: \_\_\_\_\_

## No-objection Certificate from the Sponsor

[To be filled in only by Sponsored Candidate. After filling, please scan the form and upload]

- i) This is to affirm that Institute/Organisation has No Objection in appearing of Dr \_\_\_\_\_ for the PDCC Entrance Examination in the superspecialties of Anaesthesiology, conducted by the Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005.
- ii) If selected, the candidate will be sponsored by the Institute/Organisation and relieved accordingly to pursue the course for the entire academic session.
- iii) The sponsored/deputed applicants will be treated as supernumerary candidates and in case of their selection and registration/admission and joining for the course, they will not get any payment from the Institute of Medical Sciences/ Banaras Hindu University.
- iv) The candidate will share the same clinical responsibilities as the regular candidates of the concerned speciality.

Signature & Seal of forwarding authority