



राजेन्द्र आयुर्विज्ञान संस्थान, रांची

Rajendra Institute of Medical Sciences

An Autonomous Institute under the Govt. of Jharkhand
Ranchi, Jharkhand

APPLICATION FORM FOR THE Post – Doctoral Certificate Course (PDCC)

Photograph

Advt. No.

1. Course applied for
2. Name (in Block Letters)
3. Father's/Husband's Name
4. Mother's Name
5. Address (Permanent)

(Address proof to be enclosed)

6. Address for correspondence

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Contact No. Mobile No.....

E-mail.....

7. Date of Birth :

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(dd/mm/yy)

9. Age as on last date of Application

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(dd/mm/yy)

10. Gender : M/F

11. Educational/ Professional Qualification:

Degree/Exam.	Name of Board/ University	Year of Passing	Subject	Percentage/Division

12. Research Publications/ Presentation

Title of Publication	Author/Co Author	Name of Publication	National /International	Date of Publication/ Presentation

13. Project with Grant

Title of Project	Name of Principle Investigator	Project sanctioned by/ Funding agency	National /International	Date of Sanction and amount

14. Work Experience:

Sr. No	Name of Department/ Section	Name of the post held	Date of Joining	Date of Leaving

15. Whether MBBS/ M.D/ degree is recognized by Medical Council of India: Yes/No

**16. Whether registered with State Medical Register or Indian Medical Council : Yes/No
(Attached the copy of registration)**

A) Registration No.

B) State in which registered.

17. Entrance fees Details: D.D. No. _____ Amount (in Rs.) _____

Dated _____ Bank Name _____

DECLARATION

I hereby declare, that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect my candidature is liable to be cancelled/ terminated. I will have no claim for absorption after termination/ completion of tenure contract. I shall abide by terms & condition as prescribed. In the event of ineligibility being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and hereby undertake to abide by them.

Date:

Place:

Name:.....

Signature:

Enclosure Checklist:

S.No.	Copy of Certificate	Please Tick if attached
1	Class X & XII Mark sheet/certificate for Date of Birth	
2	MBBS Mark Sheet & Certificate	
3	Internship Completion Certificate	
4	MD/MS/DNB/PG Diploma Mark sheet	
5	DM Certificate	
6	MCI registration	
7	Attempt Certificates	
8	Copies of any other relevant documents	

Signature of the Candidate