

CHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR - 208 024

APPLICATION FOR ADMISSION TO THE D.O.M.S. COURSE
at

LAST DATE FOR
SUBMISSION OF
COMPLETED
APPLICATION
FORM

REGIONAL INSTITUTE OF OPHTHALMOLOGY
EYE HOSPITAL, SITAPUR - 261 001, INDIA

To,

THE DIRECTOR,
REGIONAL INSTITUTE OF OPHTHALMOLOGY
SITAPUR EYE HOSPITAL,
SITAPUR - 261 001

Sir,

I hereby apply for admission to the 2 yrs. ensuring course of Diploma in Ophthalmic Medicine & Surgery (D.O.M.S.)
The application fee of Rs. 1000/- is enclosed herewith vide bank demand draft No.....dated issued by Nationalised Bank (Name of Bank) in the name of Finance Officer, Chhatrapati Shahuji Maharaj University, Kanpur, payable at Kanpur.

Yours Faithfully

Dated:

(Signature in full)

PARTICULARS TO BE FILLED IN BY THE CANDIDATE'S OWN HANDWRITING :

- (1) (a) Full name (in Hindi) _____
1. (b) Full name _____
(in English Block Letters)
2. Complete address with telephone numbers & Fax/E-mail
(a) For correspondence regarding admission _____
(b) Permanent Address _____
3. Father's/Husband's name and complete address _____
4. Date of Birth (christ. era) _____
5. Qualifications _____
6. Religion & Caste _____
7. Whether Schedule caste/Tribe/Backward class, if so, details _____
8. Martial Status _____

(Signature of the Candidates)

9. Domicile/State of residence _____
10. Last attended University _____
11. Name of Medical College from where graduated _____
12. Details of compulsory internship From _____ to _____
Institution _____
13. Details of Registration as (a) No. _____
(b) Name of council _____
14. Experience & engagements after _____

M.B.B.S. (Please write in details)

15. Details of M.B.B.S. Exam. Marks & Extra attempts (if any)

Sl. No.	Subject	Max. Marks	Marks Obtained	% percent
1	Anatomy			
2	Physiology			
3	Biochemistry			
4	Pharmacology			
5	Path & Bact.			
6	Forensic Med.			
7	S.P.M.			
8	Medicine			
9	Surgery			
10	Obst. & Gyn.			
11	ENT & Eye			
12				
	TOTAL :			

DECLARATION:

1. I hereby declare that information given in this application form is absolutely correct to the best of my Knowledge & Belief.
2. I have read the detailed rules, relevent ordinances, statutes etc. & undertake to abide by them and, I will not claim any benefit arising out of some error of mistake on the part of the University/Institute.
3. I am not undergoing any other courses & will not be appearing for any other Exam. during my 2 yrs. D.O.M.S. course except at Sitapur.
4. I have neither been debarred from admission to post graduate Medical Diploma/Degree Course nor from appearing at any examination by any University on account of use of unfair means or any other reason.
5. I will have no objection & hereby release from liability all the representatives of Institute/University, for their act, in good faith & without malica in connection with evaluating my credentials and qualification my professional competence, character & other qualification for clinical purpose and hereby consent to the release of such information.

(Signature of Candidate in full)

Encl.:

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