# APPLICATION FOR ADMISSION TO DNB PROGRAMME
# TATA MAIN HOSPITAL, JAMSHEDPUR

**Admission Session:** _____

**Date of Passing CET for DNB:** _____ **OR**

**Diploma from MCI regd. Institution:** _____

**Specialization:**

**Choice 1:**_____

**Choice 2:**_____

**Name of the Candidate:**

**Father's Name**

**Mother's Name**

Paste your Self-Attested Photograph here

**Date of Birth:** D D / M M / Y Y Y Y

**Sex:** Male / Female

| Address for Correspondence | Permanent Address |
|---|---|
| | |
| | |
| | |
| **Email:** | **Email:** |
| **Phone No.** | **Phone No.** |

**Educational Qualification:**

| S. No. | Qualification | Institution – College / School | University / Board | Year of Passing | % Marks Obtained |
|---|---|---|---|---|---|
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**Other Details:**

| Work Experience | Academic Achievements | CMEs / Conferences / Publications |
|---|---|---|
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Documents to be attached along with the application form:

**(1)** MBBS Degree

**(2)** MCI Registration Certificate

**(3)** CET Pass Certificate/Diploma from MCI Regd. Institution

**(4)** Four Passport size photographs

----------**DECLARATION**----------

I hereby solemnly declare that the above mentioned information is true to the best of my knowledge and belief. I also undertake to follow all rules and regulations of this institution.

Date: _____

_____

Signature of the candidate

**NOTE: If selected, the candidate may be required to undergo a medical fitness test and seek admission on the very next day of the aptitude test.**