

**GRANT MEDICAL FOUNDATION
RUBY HALL CLINIC
40, Sassoon Road Pune – 411001**

No. _____

APPLICATION FOR CPS (POST-GRADUATE) COURSE

To be filled in by the application in his/her own handwriting clearly and carefully. Attach separate sheet wherever space is insufficient

Attach Passport
sized
Photograph

Application for _____
(Post- graduate course)

Personal data:

1. Full Name _____
(First name) (Father's name) (Surname)

2. Present address (in full) _____

_____ Pin: _____ Tel: _____

3. Permanent Residence Address(in full) _____

_____ Pin: _____ Tel: _____

4. Nationality _____ Religion _____ Caste _____

5. Date of Birth _____ Age (In completed years) _____

6. Place of Birth: Dist _____ State _____

7. Period of residence in and around Pune City _____ Yrs. _____

8. Marital Status _____

9. Mother tongue _____

10. Who should be contacted in case of emergency / accident? Relationship
Name and Address _____

_____ PIN _____ Tel _____

11 Family Background

1. Father's/ Husband's/ Wife's name _____ occupation _____

2. Address _____

_____ PIN _____ Tel _____

12. Have you been previously registered for _____ or allied post? If so, mention details.

13. Educational Qualification

EXAM	INSTITUTION / UNIVERSITY	ATTEMPT	YEAR OF PASSING	PERCENTAGE
III MBBS Part I & II				

14. Do you have any contract / bond with your present employer? Yes / No

If Yes, give details _____

15. Name and address of two persons (not relatives) of good social standing who know you for a minimum period of over 3 years and to whom reference may be made:

a) Name _____ b) Name _____

Address _____ Address _____

***Please send the completed application forms on or before the stipulated date with a D.D. of Rs. 500/- in the name of 'Grant Medical Foundation' payable at Pune (D.D. is applicable only for downloaded forms)**

Note: Any false or misleading information given in this application will be adequate cause for rejection of candidate and / or termination of studentship at any time.

I declare that the foregoing information is correct and complete to the best of my knowledge and belief.

Date _____

Place _____

Signature of the candidate

Instructions and Requirements

- 1) Selection of the candidate will be done on criteria of merit decided by the selection committee.
- 2) Application received in the prescribed form with all the attachments duly attested as mentioned below will only be accepted.

III MBBS Mark list, MBBS Degree Certificate, Attempt Certificate, Internship Completion Certificate & Permanent Registration Certificate

- 3) Any application received after the specified last date will not be considered.
- 4) Decision of the selection committee shall be final and no appeal will be entertained.
- 5) Selected candidates have to do full time resident post for tenure of six months.
- 6) Candidates will be debarred for interview if any undesirable procedures are adopted to influence the selection committee. Canvassing for selection will justify rejection of the application.
- 7) Selected candidates will be provided residential accommodation.