

DIRECTORATE OF TECHNICAL EDUCATION & STATE DESIGNATED COUNSELLING AUTHORITY
APPLICATION FORM FOR ADMISSION TO POST GRADUATE DEGREE COURSES AT GOA MEDICAL COLLEGE.



| | | | | | |
|---|--|--|--|------------------|--|
| REG.NO. | | | | Affix photograph | |
| EMAIL ID: | | | | | |
| AADHAR CARD NO. | | | | | |
| INSTRUCTIONS TO CANDIDATES: <ol style="list-style-type: none"> Candidates must submit application Form, on email to dtegoadm-deg@gov.in with the subject 'PG MEDICAL', along with, scanned copy of the filled Application Form, in pdf format, together with self attested copies of required documents, and proof of payment of application fee of Rs.3000/- through the HDFC Bank payment (scrolling) link provided on DTE website, from 29/10/2024 to 01/11/2024. Applicant can also submit their application form at Directorate of Technical Education, Porvorim during above period. Eligibility & Merit Lists, as well as Allotment Lists, shall be displayed on DTE website www.dte.goa.gov.in. All applicants are advised to regularly refer to the DTE website for updated information related to the above admissions. | | | | | |

1. NAME OF THE CANDIDATE: [In Block letters as recorded in HSSC/SSC MARKSHEET]

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

2. CATEGORY & GROUP APPLIED FOR

[Encircle the appropriate box (es)]

| | | | | |
|-------|----|----|-----|-----|
| GEN | SC | ST | OBC | PwD |
| GROUP | I | II | III | IV |

3. DATE OF BIRTH:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

5. GENDER:

FEMALE

MALE

OTHERS

(Tick the appropriate box)

4. NATIONALITY

6. PERMANENT ADDRESS

7. CONTACT NOS.: 1

CONTACT NOS.: 2

8. ACADEMIC MERIT:

A) NEET PG - 2024 DETAILS:

MBBS DETAILS :

INSTITUTION:-

UNIVERSITY:-

YEAR OF PASSING:-

NEET PG -2024 ROLL NO.:

NEET-PG 2024 RANK:

B) INTERNSHIP TRAINING :-

NAME OF THE INSTITUTE & UNIVERSITY

INTERNSHIP TRAINING PERIOD

FROM

TO

C) DETAILS OF OTHER POSTGRADUATE EXAMINATIONS PASSED (IF APPLICABLE)

D) WHETHER REGISTERED FOR ANY COURSE (S) PRESENTLY/PREVIOUSLY
 I) IF YES GIVE DETAILS: _____

| COURSE | YEAR OF PASSING | INSTITUTE | UNIVERSITY | COURSE | YEAR OF PASSING | INSTITUTE | UNIVERSITY |
|--------|-----------------|-----------|------------|--------|-----------------|-----------|------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

II) WHETHER COMPLIED WITH AGREEMENT OF BOND ETC., IF ANY.: _____

9. DETAILS OF WORK EXPERIENCE (IF ANY):

10. PERMANENT REGISTRATION WITH STATE/INDIAN MEDICAL COUNCIL:

| POST HELD | DEPARTMENT | INSTITUTION | FROM | TO | NAME OF THE STATE MEDICAL COUNCIL | |
|-----------|------------|-------------|------|----|-----------------------------------|--|
| | | | | | REG. NO. | |
| | | | | | DATE OF REGISTRATION | |

11. DECLARATION OF APPLICANT

Certified that I, Dr. _____, am an Indian National/OCI, and have read and accepted the provisions of the Prospectus, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, Dr. _____, do hereby solemnly declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

I, Dr. _____, further declare that the choices indicated by me on page 2 - Order of Preferences of courses is final, and any allotment based on these choices, shall be binding on me.

PLACE: _____

(Signature of the Applicant)

DATE: _____

Name as signed (Write in Capital letters)

ADDRESS : _____

MOBILE: _____ (PROVIDE MOBILE NO. WHERE APPLICANT CAN BE CONTACTED)

ADDITIONAL MOBILE NO. / LANDLINE NO.: _____

12. CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested xerox copies of the certificates in following order and **tick** appropriately.
2. No **original** document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date.

| Sr. No. | Documents to be submitted | Attached | Checked |
|----------------------|--|----------|---------|
| 1. | Photograph on the form | | |
| 2. | Birth Certificate | | |
| 3. | MBBS Passing and Degree certificate | | |
| 4. | Statement of marks obtained at First, Second and Third Part I & II MBBS examination. | | |
| 5. | Certificate of completion of one year Compulsory Rotatory Internship Training from Goa Medical College or other Medical Colleges (if applicable) | | |
| 6. | Medical fitness Certificate from Medical Board of Goa Medical College. | | |
| 7. | Certificate of complete Hepatitis-B vaccination | | |
| 8. | Bonafide certificate and Character and Conduct certificate at MBBS course. | | |
| 9. | Attempt certificate at MBBS course | | |
| 10. | Copy of NEET- PG ADMIT CARD, RANK and SCORE CARD | | |
| 11. | NOC from present employer stating that applicant will be relieved/deputed immediately if selected for PG Course. | | |
| 12. | Certificate of Permanent Registration with Medical Council of India/State Medical Council | | |
| 13. | Provisional Eligibility Certificate from Goa University (for applicants other than Goa University) and NBE screening Test Result for Indian National with Foreign Medical qualification. | | |
| 14. | Certificate for reserved category claimed viz. SC, ST, OBC, PwD etc. | | |
| 15. | Copy of Aadhaar Card | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| ADDITIONAL DOCUMENTS | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

