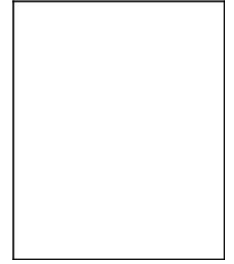




**HERITAGE INSTITUTE OF MEDICAL SCIENCES,  
BHADWAR, VARANASI - 221311**

**Post Doctoral Fellowship (PDF) in Pain Management Entrance Examination -  
July 2019 Session  
APPLICATION FORM**



Community : SC  ST  Others   
Category : Sponsored  Foreign  Neither of these

**Full Name of applicant (in CAPITAL Letters)**

\_\_\_\_\_

**Father's/Husband's Name (in CAPITAL Letters)**

\_\_\_\_\_

Sex : Male  Female  Nationality : Indian

Date of Birth : Date   Month   Year

**Academic Qualification (Commencing with the High School or an equivalent examination)**

Examination/Degree	Subject/ Specialization	Year	Division	%/ Marks/ Grade	No.of Attempts subject wise	University / College/ Board	Distinction/ Scholarship

**Medical Registration No.**

(a) Permanent  (b) Provisional

(c) Date of Registration

D D M M Y Y Y Y

**NAME AND FULL MAILING ADDRESS (in BLOCK LETTERS)**

Name \_\_\_\_\_  
Address \_\_\_\_\_

PIN CODE

**SIGNATURE OF THE CANDIDATE**

\_\_\_\_\_

**UNDERTAKING** : I solemnly affirm that the information furnished herein is correct in this form. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or falsification then forgo my claim to the admission/appointment in the Institute. Details of Application Fee: Draft No. NEFT/RTGS:

Date :

Signature of the Candidate

(a) Permanent Address	(b) Local Contact Address
Contact Tel. No. with STD Code	Contact Tel No. with STD code
Mobile No. :	Mobile No. :
E.mail	E.mail

Details of Experience/Employment/Specialized Training/Senior/Junior Residency/  
Demonstratorship/Fellowship after Graduation/Post Graduation

Name of the Hospital/Institution	Position Held	Period		Nature of duties
		From	To	

**To be filled in only by Sponsored Candidate**

- (i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. \_\_\_\_\_ for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization)

Signature & Seal of forwarding authority

- (ii) Source of funding \_\_\_\_\_ Duration \_\_\_\_\_ Amount \_\_\_\_\_

To be completed and signed by the Candidate

**DECLARATION**

I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute.

\*\*I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.

Date \_\_\_\_\_ Signature & Seal of attesting authority

Signature of the Candidate

Place \_\_\_\_\_

\*\* To be deleted if candidate is not employee