



Application for
M.Ch (Urology)
Year 2019-20

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K S HEGDE MEDICAL ACADEMY
A constituent unit of Nitte (Deemed-to-be University)

NEET SS Rank: _____

NEET Score: _____

A. PERSONAL DATA

Name:

_____ Gender (M/F/TG)

_____ Date of birth(dd/mm/yy)

_____ Mother Tongue

_____ Nationality

_____ Country of Permanent Residence

_____ State of Domicile

_____ Do you belong to SC/ST/OBC/Category1

_____ Any other caste (specify)

_____ Blood Group

_____ Father's name

_____ Occupation

_____ Annual income

_____ Mother's name

_____ Occupation

_____ Annual income

B. CONTACT DETAILS:

Current address for correspondence

Permanent address

Pin _____ Country _____

Pin _____ Country _____

Telephone (with code)

Telephone (with code)

Father's Mobile Number

Mother's Mobile Number

Student's Mobile Number

Local Guardian's Mobile Number

Father's / Mother's Email ID

Student's Email ID

PAN Number: (**To be filled compulsorily**)

(Father's)

(Mother's)

Aadhaar Card Number of the student: _____

Place of residence - Urban / Rural : _____

Hostel Required:

Yes

No

C. ACADEMIC QUALIFICATION

EDUCATIONAL QUALIFICATION:	MBBS				
NAME OF UNIVERSITY					
NAME OF COLLEGE					
DETAILS OF MBBS EXAMINATION	MAX MARKS	MARKS OBTAINED	PERCENTAGE/GRADE	MONTH & YEAR OF PASSING	NO. OF ATTEMPTS
MBBS PHASE - I					
MBBS PHASE-II					
MBBS PHASE- III PART-I					
MBBS PHASE III PART- II					
INTERNSHIP COMPLETION	FROM----- TO-----				
NAME OF THE STATE MEDICAL COUNCIL WHERE REGISTERED (MBBS DEGREE)					
REGISTRATION NUMBER					
DATE OF REGISTRATION					

POST GRADUATION	MD/MS				
POST GRADUATE (MD/MS) SPECIALIZATION					
NAME OF THE COLLEGE					
NAME OF THE UNIVERSITY					
YEAR OF JOINING					
MONTH & YEAR OF PASSING					
THESIS TITLE					
MARKS OBTAINED IN FINAL DEGREE QUALIFYING EXAM MD/MS	Maximum Marks	Marks Obtained	Percentage of Marks	No. Of Attempts	Month & year of passing
NAME OF THE STATE MEDICAL COUNCIL WHERE REGISTERED (MD/MS)					
COUNCIL REGISTRATION NUMBER					

DATE OF REGISTRATION	
DETAILS OF PUBLICATIONS AND RESEARCH PAPERS	

PAYMENT DETAILS:

Mode of Payment	Payment Status	Amount Paid	Transaction Number

I hereby declare that all information furnished in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the examination, or even after the admission, I fully own the responsibility of my candidature for the course applied for, be treated as cancelled and I may be debarred/any action as per Rules and Regulations may be initiated against me.

Signature of the Candidate