

Nizam's Institute of Medical Sciences

(A University Established Under the State Act)

Panjagutta :: Hyderabad - 500082



Application Form for Admission to Super Speciality Courses - 2015

Registration Number

(to be filled by the Office)

1. Hard copy of the application form must be submitted.
2. Read page no.5 of the prospectus for details of the application procedure.
3. Fill in all the columns using Drop Boxes wherever provided.
4. **Hand written and Incomplete applications are not accepted.**
5. Print the filled in application form and review all the Data. Sign, attach a Passport size Photograph and submit the form in person or by post along with all the documents mentioned in the prospectus so as to reach Associate Dean, Aptitude Testing, 2nd Floor, Old OPD Block, Nizam's Institute of Medical Sciences, Panjagutta, Hyderabad - 500082 before 5.00 P.M. on 20-06-2015.
6. The application form has to be accompanied by a Demand Draft favouring Director, NIMS or NIMS Cash Receipt for Rs.2,000/-

Affix
latest passport
size
photograph

Signature

Course Applied

Name(as per SSC)

Sex

Date of Birth

Place of Birth

Address for Communication:-

Line 1

Line 2

Line 3

Town / City

Pin Code

Phone Number

Mobile Number

E-mail Address
(mandatory)

Father's Name	<input type="text"/>		
Mother's Name	<input type="text"/>		
Identification Mark - 1	<input type="text"/>		
Identification Mark - 2	<input type="text"/>		
Medical Registration Number	<input type="text"/>		
Name of the Medical Council	<input type="text"/>		
University Area	<input type="text"/>	In-service Status	<input type="text"/>
Number of Post Graduate Attempts	<input type="text"/>		
Total Marks Obtained in Final MBBS (Part-I+Part-II)	<input type="text"/>	Out of	<input type="text"/> Percentage <input type="text"/>
Total Marks Obtained in Medicine in MBBS	<input type="text"/>	Out of	<input type="text"/>
Total Marks Obtained in Surgery in MBBS	<input type="text"/>	Out of	<input type="text"/>
Date / Expected date of Completion of Post Graduate Course	<input type="text"/>		
Mode of Payment	<input type="text"/>	Amount	Rs. <input type="text"/>
Demand Draft / NIMS Cash Receipt Number	<input type="text"/>		
Demand Draft / NIMS Cash Receipt Date	<input type="text"/>		
Name of the Bank	<input type="text"/>		
Name of the Branch (Type "NIMS" if paid at NIMS cash counter)	<input type="text"/>		

DECLARATION OF THE CANDIDATE :-

I declare that the particulars given above are correct. I agree to abide by the admission prospectus issued by the Institute. I also declare that in the event that information provided is incorrect or false, I may be prosecuted as per law.

Date

Signature

Check List of Documents submitted along with Hardcopy of Web Generated Application :-

- | | |
|--|--------------------------|
| 01. Original bank Demand Draft / NIMS Cash Receipt towards Application Fee (Please write the name of the candidate and course applied for on the back side of draft/receipt) | <input type="checkbox"/> |
| 02. Attested true copy of Provisional or Final Degree Certificates of MBBS and MD/MS/DNB. | <input type="checkbox"/> |
| 03. Attested true copies of Marks Memos of 1st MBBS, 2nd MBBS and Final MBBS issued by the concerned universities | <input type="checkbox"/> |
| 04. Attested true copies of Marks Memos of MD/MS/DNB issued by the concerned universities | <input type="checkbox"/> |
| 05. Attested copy of study and conduct certificate of MD/MS/DNB issued by the Principal of the college where the candidate studied. | <input type="checkbox"/> |
| 06. Attested copy of study and conduct certificate of MBBS issued by the Principal of the college. | <input type="checkbox"/> |
| 07. Attested copy of study and conduct certificates from 6th class to intermediate (applicable for candidates who completed MBBS / Post Graduation from State Wide Universities / State Wide Educational Institutions / State Wide Courses in Telangana/A.P as defined in the GOP No.646 dated 10th July 1979). | <input type="checkbox"/> |
| 08. Attested copy of the Compulsory rotation Internship Certificate of MBBS. | <input type="checkbox"/> |
| 09. Attested copy of Attempt Certificate of MD/MS/DNB. | <input type="checkbox"/> |
| 10. Attested copy of Permanent Medical Registration of MBBS and MD/MS/DNB. | <input type="checkbox"/> |
| 11. Attested copy of Residence Certificate of candidate or parents for 10 years issued by MRO/ Tahsildar, where applicable, as per the format prescribed in GOP 646 dated 10th July 1979 (applicable to who have not studied in any institution during the whole or any part of seven consecutive academic years in Telangana/A.P immediately preceding the qualifying examination). | <input type="checkbox"/> |
| 12. Attested copy of Marks Memo of 10th class or Date of Birth Certificate. | <input type="checkbox"/> |
| 13. No Objection Certificate from the Employer (in case of In-service candidates). | <input type="checkbox"/> |
| 14. Certificate of date of completion of Postgraduate training period issued by the Principal / Dean of the concerned College.(applicable to those who will be completing training period on or before 30/06/2014). | <input type="checkbox"/> |
| NOTE: 1)Those who have not submitted medical registration certificate of post graduate course, they are required to submit <i>No Objection Certificate from DME/DME (Academic), Government of Telangana or Andhra Pradesh as the case may be. Applicable for the States of T.S and A.P. candidates only.</i> | <input type="checkbox"/> |
| 2) The candidates are required to submit clearly visible xerox copies of all certificates attested by Gazetted Officer. | <input type="checkbox"/> |