

## Dr. D. Y. PATIL VIDYAPEETH, PUNE

(Deemed University)
(Accredited by NAAC with 'A' Grade)

Sant Tukaram Nagar, Pimpri, Pune 411 018, Maharashtra, India. Tel. No. : 020 - 2742 0069 / 2742 0156, 27805000 Fax : 020 - 2742 0010 Email : info@dpu.edu.in Website : www.dpu.edu.in

## APPLICATION FORM FOR ALL INDIA POST GRADUATE MEDICAL ENTRANCE TEST - 2015 (AIPGMET -15)

INSTRUCTIONS :-  1. Read all the instructions in the Brochure before completing the form.  2. Write in the boxes with Black Ball Point Pen in Capital Letters only.		
Candidates Name (As given in Degree Examination)		
2. Address for Communication		
Candidate's Photograph		
Thetegraph		
PIN		
Candidate's Signature		
3. State :		
5. State		
4. Email :		
4. Linaii .		
D D M M Y Y Y		
5. Sex : Male Female 6. Date of Birth :		
7. Telephones : STD Code Telephone Mobile No.		
D.D. No. Amount in Rs. D D M M Y Y Y Y 8. Details of Demand Draft :		
6. Details of Definant Draft.		
9. Name of the Bank :		
Please mark the appropriate box with  mark		
10. M. C. I. Registration : Yes No Registration No.		
11. State M. C. Registration : Yes No Registration No.		

12. Domicile of Maharashtra : Yes No Domicile State		
13. Whether admitted to and pursuing a post graduate course elsewhere?	No	
Year of Passing Percentage of Marks Attempt  14. First MBBS :		
15. Second MBBS :		
16. Third MBBS Part I:		
17. Third MBBS Part II :		
18. Internship Completion Date		
19. Name of the University :		
20. Subject Preferences for PG Degree Course : 1)		
3)		
21. Declaration - I		
<ul> <li>(a) I hereby declare that the above information is true and complete to the best of my knowledge herein is found to be incorrect or incomplete, my application form will be rejected / admission</li> <li>(b) If admitted to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune shall abide by its Rules and Regulations.</li> <li>(c) I have read and understood all the provisions contained in the brochure and hereby agree to</li> </ul>	n will be cancelled. of Dr. D. Y. Patil Vidyapeeth, Pune, I abide by those provisions.	
	Signature of the Candidate	
22. Declaration - II		
(a) I, the parent/guardian, of the applicant hereby declare that, I am aware of the financial obligations of admitting my child/ward to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the Rules of Dr. D. Y. Patil Vidyapeeth, Pune. I also affirm and endorse the declaration made above by my child/ward.		
Place :	_	
Date:	-	
Father's / Guardian's Name :	Signature of the Parent/Guardian	