



|                 |                           |
|-----------------|---------------------------|
| DETAILS OF 10+2 | MONTH & YEAR OF PASSING : |
|-----------------|---------------------------|

NAME OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_

BOARD : \_\_\_\_\_

| SUBJECT | MARKS | OUT OF | % OF MARKS |
|---------|-------|--------|------------|
| PCB     |       |        |            |
| ENGLISH |       |        |            |

**MBBS DETAILS :**

NAME OF COLLEGE : \_\_\_\_\_

NAME OF UNIVERSITY : \_\_\_\_\_

PLACE OF COLLEGE : \_\_\_\_\_

TOTAL MARKS OBTAINED IN FINAL YEAR MBBS (PART I & II/ WHOLE) : \_\_\_\_\_ OUT OF \_\_\_\_\_ % = \_\_\_\_\_

NO. OF ATTEMPTS IN FINAL YEAR : \_\_\_\_\_

PASSING YEAR : \_\_\_\_\_

DATE OF COMPLETION OF INTERNSHIP : \_\_\_\_\_

**POSTGRADUATION DETAILS :**

NAME OF COLLEGE : \_\_\_\_\_

NAME OF UNIVERSITY : \_\_\_\_\_

PLACE OF COLLEGE : \_\_\_\_\_

TOTAL MARKS OBTAINED : \_\_\_\_\_ OUT OF \_\_\_\_\_ % = \_\_\_\_\_

NAME OF DEGREE : \_\_\_\_\_ SUBJECT \_\_\_\_\_

NO. OF ATTEMPTS : \_\_\_\_\_

PASSING YEAR : \_\_\_\_\_

DECLARATION: I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfill the eligibility requirements for the course/s applied. In event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like educational qualification, marks, nationality etc., I understand that my admission/degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions.

(CENTRE OF EXAMINATION)  
SRI AUROBINDO MEDICAL COLLEGE & POSTGRADUATE  
INSTITUTE, INDORE (M.P.)

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SIGNATURE OF PARENT/GUARDIAN

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SIGNATURE OF APPLICANT



# Sri Aurobindo Medical College & P.G. Institute

## ADMISSION NOTICE 2015-16 (DM / M.Ch. SUPERSPECIALITY COURSES)

| S.No. | Name of the Course       | Eligibility                                                    | No. of Seats |
|-------|--------------------------|----------------------------------------------------------------|--------------|
| 1.    | DM Neurology             | MD / DNB (General Medicine / Paediatrics)                      | 1            |
| 2.    | DM Gastroentology        | MD / DNB (General Medicine / Paediatrics)                      | 1            |
| 3.    | DM Reproductive Medicine | MD/ MS/ DNB (Obst. & Gyn.)                                     | 1            |
| 4.    | DM Nephrology            | MD / DNB (General Medicine / Paediatrics)                      | 1            |
| 5.    | DM Medical Oncology      | MD / DNB (General Medicine / Radiotherapy / Paediatrics)       | 1            |
| 6.    | MCh Neuro Surgery        | MS / DNB (General Surgery)                                     | 1            |
| 7.    | MCh Pediatrics Surgery   | MS / DNB (General Surgery)                                     | 1            |
| 8.    | MCh Surgical Oncology    | MS / DNB (General Surgery / ENT / Orthopaedics / Obst. & Gyn.) | 1            |
| 9.    | MCh Urology              | MS / DNB (General Surgery)                                     | 1            |

Application are invited from eligible candidates for admission to the following courses recognized by MCI for the academic year 2015-16

Application forms for DMAT SSET-2015 Entrance Examination may be obtained;

- Online by downloading from the website [www.apdmcnp.com](http://www.apdmcnp.com) OR [www.saimsonline.com](http://www.saimsonline.com) (Candidates who wish to apply for more than one course should submit Demand Draft for Rs. 4500/- for each course along with filled in Application Form).
- Demand Draft to be made in the name of "APDMC" payable at Bhopal.
- Filled up Application Form has to be submitted to **DMAT Office, E-2/51, Arera Colony, Opp. Habibganj Railway Station, Near Niramay Hospital, BHOPAL (M.P.) - 462016**

Selection will be made on merit, based on the total marks secured in DMAT SSET-2015 Entrance Examination conducted by APDMC on all India basis.

### CODES FOR FILLING APPLICATION FORM :

**Course Group : A - DM**

**B - M.Ch.**

**Group : A**  
(Subject Code)      DM Neurology – 01      DM Gastroenterology – 02      DM Reproductive Medicine - 03  
DM Nephrology - 04      DM Medical Oncology - 05

**Group : B**  
(Subject Code)      M.Ch. Neuro Surgery - 06      M.Ch. Paediatric Surgery – 07  
M.Ch. Surgical Oncology – 08      M.Ch. Urology - 09

**Course Category Code :**    NRI Quota – 01      DMAT SSET (Pvt./Management Quota) - 02

### **TIME SCHEDULE \***

|                                          |   |                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Date for receipt of filled up forms | : | <b>19th September 2015</b>                                                                                                                                                                                                                                                                                                                                            |
| Date of Entrance Examination             | : | <b>23rd September 2015</b>                                                                                                                                                                                                                                                                                                                                            |
| Time of Examination                      | : | <b>10:00 am to 1:00 pm</b>                                                                                                                                                                                                                                                                                                                                            |
| Date of Practical Exam & Interview       | : | <b>24th September 2015</b>                                                                                                                                                                                                                                                                                                                                            |
| RESULT                                   | : | <b>25th September 2015</b>                                                                                                                                                                                                                                                                                                                                            |
| COUNSELLING                              | : | <b>27th September 2015</b>                                                                                                                                                                                                                                                                                                                                            |
| Entrance Examination Centre              | : | <b>Sri Aurobindo Medical College &amp; PG Institute</b><br>SAIMS Campus, Indore-Ujjain State Highway, Near MR-10 Crossing,<br>Sanwer Road, Indore - 453555 (M.P.) INDIA<br>Phone: (0731) 47 888 47<br>Fax: 4231010-11<br>Email : <a href="mailto:help@saimsonline.com">help@saimsonline.com</a><br>Web : <a href="http://www.saimsonline.com">www.saimsonline.com</a> |

\*In case of change in any date, will be informed to you online.  
MCI Statute will be strictly followed.