ASSOCIATION OF PRIVATE DENTAL & MEDICAL COLLEGES OF M.P. ■



- ▶ Read form filling instructions given in the prospectus carefully
- ▶ Use only BLACK Ball point pen to fill up the form
- ▶ Fill the form in English using CAPITAL letters, except for signature
- ▶ Do not fold, staple or clip the form



AME OF THE APP	LIC/ (IV																									
E OF PIPTH							CE.	V (TIC	CV ON	JEY					NI/	L	NIALI	ITV						тест	CENT	FDE
TE OF BIRTH					JL.	SEX (TICK ONE)					NATIONALITY											5, Ir				
DATE MON	TH L	YEA	R				MA	LE	FEMA	LE LE												Ľ,		1710	, 11	
ME OF PARENT/	GUARE	DIAN																								
DRESS FOR COF	RRESPO	NDF	NCE (DO N	LOT R	PEPEA	T NA	MF)																		
			102																							
Υ																		STAT	E			PIN C	ODE			
O CODE				TE	LEPH	ONE	NUM	BER										MOBI	LE N	UMBI	ER					
													\neg													
All ADDRESS																										
		FOI	2 Δ		MIS		oni 1			SH	IDEI	D S C D	DEC	IAI				IPSI	E IN							
PPLICATION CONTROL CON	te who	o wis	h to				e th		ne co	ourse	e sho	ould s	<u>subn</u>									Rs. ∠	1 <u>500</u>)/- fa	or ead	th c
PPLICATION CONTROL CON	te who	o wis ne Or M.C	h to ily) h.	appl			re th	an or	RSE (CATE	e sho	ould s	DDE	nit ac	lditio	onal			<u>D DI</u>	RAF	T of		1500			
PPLICATION COURSE GROUP (Management of the course of the c	te who	o wisone Or M.C	h to hly) h.	appl			re th	an or	RSE (CATE	e sho	ould s	DDE		lditio	onal			<u>D DI</u>	RAF			1500		or each	
PPLICATION OF THE COURSE GROUP (COURSE (TION 1) A DM 2. A DM	te who	o wis ne Or M.C	h to ily) h. DNL	<u>appl</u> Y) Ch. [re th	an or	RSE (CATE	e sho	ould s	DDE	nit ac	lditio	onal			<u>D DI</u>	RAF	T of		¥500			
PPLICATION COURSE (TION I. A DM	te who	M.C	h to hly) h.	Y) Ch. [Ch. [re th	an or	RSE (CATE	e sho	ould s	DDE	nit ac	lditio	onal			<u>D DI</u>	RAF	T of		1500			

SIGNATURE OF APPLICANT
Sign within the box without touching the edges.

PLEASE TURN OVERLEAF •

DETAILS OF 10+2 MONTH & YEAR OF PASSING :				
NAME OF SCHOOL:	SUBJECT	MARKS	OUT OF	% OF MARKS
	РСВ			
BOARD:	ENGLISH			
MDDC DETAILS				
MBBS DETAILS :				
NAME OF COLLEGE :				
NAME OF UNIVERSITY :				
PLACE OF COLLEGE :				
TOTAL MARKS OBTAINED IN FINAL YEAR MBBS (PART I & II/ WHOLE) : _	0	UT 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 :				

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.)

PASSING YEAR: _



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.apdmcmp.com OR 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 DM Neurology – 01 DM Gastroenterology – 02 DM Reproductive Medicine - 03

(Subject Code) DM Nephrology - 04 DM Medical Oncology - 05

Group : B M.Ch. Neuro Surgery - 06 M.Ch. Paediatric Surgery – 07

(Subject Code) 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 : 19th September 2015

Date of Entrance Examination : 23rd September 2015

Time of Examination : 10:00 am to 1:00 pm

Date of Practical Exam & Interview : 24th September 2015

RESULT : 25th September 2015

COUNSELLING : 27th September 2015

Entrance Examination Centre : Sri Aurobindo Medical College & PG Institute

SAIMS Campus, Indore-Ujjain State Highway, Near MR-10 Crossing,

Sanwer Road, Indore - 453555 (M.P.) INDIA

Phone: (0731) 47 888 47

Fax: 4231010-11

Email: help@saimsonline.com Web: www.saimsonline.com

*In case of change in any date, will be informed to you online.

MCI Statute will be strictly followed.