



Dr. D. Y. PATIL VIDYAPEETH, PUNE

(Deemed University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)

Sant Tukaram Nagar, Pimpri, Pune 411 018, Maharashtra, India.

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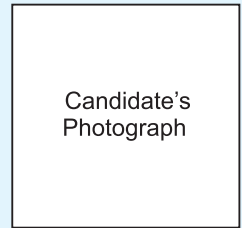
APPLICATION FORM FOR ALL INDIA POST GRADUATE MEDICAL ENTRANCE TEST - 2016 (AIPGMET -16)

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.

1. Candidates Name (As given in Degree Examination)

2. Address for Communication



PIN

Candidate's Signature

3. State :

4. Email :

5. Sex :

Male

Female

6. Date of Birth :

D D

M M

Y Y Y Y

7. Category :

General

NRI / PIO / FN

8. Telephones :

STD Code

Telephone

Mobile No.

9. Details of Demand Draft :

D.D. No.

Amount in Rs.

D D M M Y Y Y Y

10. Name of the Bank :

Please mark the appropriate box with



mark

11. M. C. I. Registration :

Yes

No

Registration No. _____

12. State M. C. Registration :

Yes

No

Registration No. _____

13. Domicile of Maharashtra : Yes No Domicile State _____

14. Whether admitted to and pursuing a post graduate course elsewhere? Yes No

	Year of Passing	Percentage of Marks	Attempt
15. First MBBS :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

16. Second MBBS :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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17. Third MBBS Part I :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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18. Third MBBS Part II :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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19. Internship Completion Date

	D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Name of the University : _____

21. Subject Preferences for PG Degree / Diploma Course :

1) _____

2) _____

3) _____

22. Declaration - I

- (a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that, if any, information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.
- (b) If admitted to Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its Rules and Regulations.
- (c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by those provisions.

Signature of the Candidate

23. 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 : _____

Parent / Guardian's Name : _____

Signature of the Parent/Guardian