



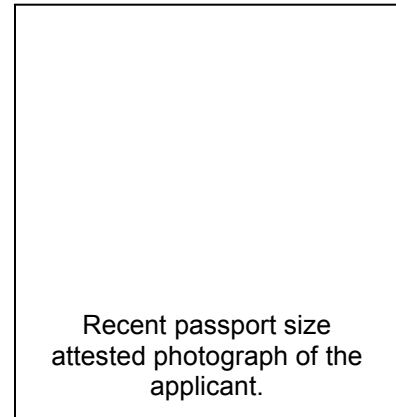
Diwan Chand Satyapal Aggarwal Imaging Research Centre
(A unit of Diwan Chand Medical Services Pvt. Ltd.)

10-B, Kasturba Gandhi Marg, New Delhi – 110001

APPLICATION FOR ADMISSION TO POST GRADUATE DIPLOMATE COURSE
NATIONAL BOARD

SPECIALITY: RADIO DIAGNOSIS

Name of the Candidate
(in block letters)



Director,
Diwan Chand Satya Pal Aggarwal
Imaging Research Centre
**10-B, Kasturba Gandhi Marg,
New Delhi – 110001**

Sir,

I apply for registration as a candidate to the post-graduate course (Diplomate N.B.) in Radio-Diagnosis and submit the following particulars in-support of my application.

I agree to undergo the said course on whole time basis and shall not engage myself in practice or any part-time job or night duty during the period of the course. I am aware that centre can remove my name from the rolls in case my work is not reported satisfactory by my supervisor.

Date.....

Yours faithfully,
(Signature of the Candidate)

Full Name & Address for correspondence _____
(in block letters)

Telephone No. If any _____

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

1. Name (in block letters) _____
(The name should correspond with the name recorded in Degree certificate)
2. Father's Name & Occupation _____
3. Date of Birth _____
4. Nationality _____ Married/Unmarried _____
5. State to which you belong _____
6. Present occupation _____

If you are working/worked as Houseman/Junior Research Fellow/Senior Resident or holding any other paid job, please furnish the following information :-

S.No.	Designation (Mention the subject)	Period of appointment		Dept.	Institution
		From	To		
1.					
2.					
3.					
4.					
5.					

7. Permanent address _____
 8. Local address _____
- Telephone No. (if any) Residence _____ Office _____

N.B. Any change in address should invariably be communicated to the Centre.

DETAILS OF EXAMINATIONS PASSED

Examination Passed	Name of University/Board	Year of Passing	Aggregate Marks%
1) Higher Secondary			
2) M.B.B.S. (Final)			
3) Primary DNB Exam.			
4) D.M.R.D			

1. Date of admission to the M.B.B.S. Course.....
2. Date of completing the House Job/1st Year Junior Residency (where applicable
3. Registration with State Medical Council/M.C.I. No..... Date
4. Medical and/or Prize obtained, if any

DETAILS OF MARKS OBTAINED AT DIFFERENT EXAMINATIONS FOR THE M.B.B.S.

1st MBBS Examination (Passed in the year)

Subjects studied and passed	Total Marks	Marks Obtained	Percentage
Total			

2nd MBBS Examination (Passed in the year)

Subjects studied and passed	Total Marks	Marks Obtained	Percentage
Total			

Final MBBS Examination (Passed in the year)

Subjects studied and passed	Total Marks	Marks Obtained	Percentage
Total			

Please mention the aggregate percentage of above three professional examinations.	Total Marks	Marks Obtained	Percentage

Details of Compulsory internship done in the departments of recognized institution:

Name of the Institution	Period From to (Date) (Date)	Months/Days

**DETAILS OF HOUSE JOB/JUNIOR RESIDENCY IN THE DEPARTMENTS OF
RECOGNISED INSTITUTION/HOSPITAL**

Discipline	Name of the Hospital	Period of Service		Month/ Days
		From (Date)	To (Date)	

**DETAILS OF WORK DONE OTHER THAN HOUSE JOB/JUNIOR RESIDENCY
(where applicable)**

Designation	Period of Service		Department/Institution/Hospital etc.
	From	To	

Declaration by the application

1. I have read the bulletin of information and have noted its contents and directions for admission to Post Graduate Course (Diplomate N.B.)
2. In the event of any information given by me is found wrong, my admission to the course is liable to be cancelled.
3. In case I fail to join the course applied for within the prescribed date, my selection to the course will be treated as cancelled.

Signature of the Candidate

Date

Name

Attested copies of the following certificates should be enclosed with application in the order as given below:

- 1) M.B.B.S. Degree
- 2) M.B.B.S. detailed marks certificates (1st, 2nd & Final M.B.B.S.)
- 3) Internship certificate from the Head of the Institution.
- 4) Certificate (s) of House Job in Specialties/Departments from the Head of the Institution with exact dates in each specialty.
- 5) Matriculation/Higher Secondary Certificate for date of birth.
- 6) Employer's certificate if you are in service.
- 7) Registration with State Medical Council / M.C.I.