

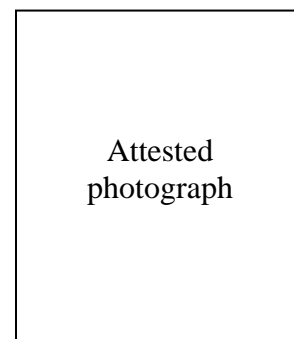
**SWAMI RAMA VIDYAPEETH
(Deemed University)**

Swami Ram Nagar, Doiwala, Dehradun 248140
(Under Section 3 of UGC Act 1956)
(Notification No. 9-43/2006-U.3(A) dated 6th June 2007)

**POSTGRADUATE MEDICAL ENTRANCE EXAMINATION FOR
(MD/MS/DIPLOMA COURSE – 2008)**

APPLICATION FORM

1. Name of the Candidate : -----
2. Father's Name : -----
3. Date of Birth : -----
4. Permanent Address : -----
& Phone No. -----
5. Present Address : -----
& Phone No. -----
6. Category (SC/ST/General)-----
7. Education Qualification : (Self attested photocopy of the documents to be submitted with the application form)



Name of Exam.	University / Board	Subjects	Marks obtained	% age of Marks
High School (10 th)				
Intermediate (12 th)				
M.B.B.S. Ist Prof				
M.B.B.S. IInd Prof				
M.B.B.S. mini Prof				
M.B.B.S. Final Prof				

8. Internship : Completed / Likely to be completed on -----
(documentary proof required)

Declaration :-

I sincerely affirm that I have read all the instructions regarding the Post Graduate Entrance Examination-2008 conducted by the Swami Rama vidyapeeth. I will abide by these instructions. I also affirm that the statement made and information furnished by me in the application form is true and correct. If however, it is found that any information furnished here is fraudulent, incorrect or untrue, immaterial particulars, I realize that I am liable to criminal prosecution and my selection and admission to the course is liable to be cancelled.

Candidate's Signature & Name

Date :
Place :

**SWAMI RAMA VIDYAPEETH
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ADMIT CARD

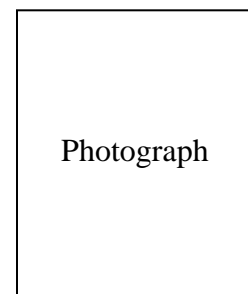
Roll no. : -----
(to be allotted by the Vidyapeeth)

Name : -----
(to be filled by the candidate)

Father's Name : -----

Date of Examination : -----

Center of Examination : Himalayan Institute of Medical Sciences
Swami Rama Nagar
Doiwala, Dehradun 248140



(Authorized Signatory)