

EKO X-RAY & IMAGING INSTITUTE

54 J L NEHRU ROAD, KOLKATA 700071

Application for Admission to Post Graduate Diplomate Course National Board

Speciality : Radio Diagnosis

Name of the Candidate _____
(in block letters)

Director,
EKO X-RAY & IMAGING INSTITUTE
54, J. L. Nehru Road
Kolkata - 700071

Recent passport
size attested
photograph of
the applicant

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 applications.

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 during the period of the course. I am aware that centre can remove my name from the rolls in case my work is not report satisfactory by my supervisor.

Date.....

Yours faithfully
(Signature of the Candidate)

Full Name & Address in block letters for correspondence

Telephone No.

Particulars to be filled in by the Candidate

1. Name (in block letters) _____
(The name should correspond with the name recorded in Degree certification)

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 Fellows/Senior Resident or holding any other paid job, please furnish the following information:

S. No.	Description (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.R.I. No..... Date.....
4. Medal and/or Prize obtained, if any.....

Details of Marks Obtained at Different Examination 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			

Details of Compulsory internship done in the departments of recognised 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 applicant

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/Department from the Head of the Institution with exact dates in each speciality.
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.