

Application form for Competency Based Assessment Test 'Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) (Six Months Training) Rules, 2014'.

(To be neatly & legibly filled in by the candidate in his / her own handwriting)

ROLL NO.....
(to be filled in by office only)

1. Name of the candidate in English (Block Letters).....
Hindi.....
2. Father's Name in English (Block Letters)
Hindi
3. Mother's Name in English (Block Letters)
Hindi
4. Date of Birth (Copy of proof enclosed) DD..... MM..... YYYY.....
5. Gender (Male / Female / Transgender)
6. MCI Regn. No. / State Regn. No.....
7. Name of the clinic / medical premises where the candidate is practising
8. Clinic Regn. No. (if any)
9. Correspondence Address
- Landline Tel.No..... Mobile No..... E-mail address.....
10. Permanent Address.....
Landline Tel. No..... Mobile No.....
11. Demand Draft No. / Credit / Debit Card Transaction No. Date..... Amount.....
12. Year of passing MBBS Examination (Copies of year wise mark sheets to be enclosed).
(a) Name of College (c) Number of Attempts.....
(b) College Regn. No..... (d) Date of completion of internship
13. Place & duration of undertaking the USG training (Copy of certificate to be enclosed).....
14. If the candidate has ever been disqualified by any University from appearing in any examination / or for having indulged in any unfair means / malpractices, the details to be provided for the same.
Place
Dated

Space for affixing passport sized photograph duly attested by the Civil Surgeon of concerned district
Right Thumb Impression of the candidate

UNDERTAKING BY THE CANDIDATE

If any statement / documentary proof attached / enclosed alongwith this application form is found to be incorrect at any later stage, suitable legal proceedings / or any other disciplinary action as deemed fit by the concerned administrative authorities may be initiated against me for wilful concealment of information furnishing of false documents / facts / or any other act of misdemeanour.

(Signature of Candidate)

CERTIFICATE BY CONCERNED CIVIL SURGEON

I certify that the details of the candidate mentioned above with regard to the medical practice by him / her _____ (Name of clinic / Nursing Home / premises) are correct. Further, the candidate is eligible to appear in the given examination as per provisions of Pre-conception and Pre-natal Diagnosis Techniques (Prohibition of Sex Selection) (Six Months Training) Rules 2014, Government of India (MoHFW) Gazette Notification, dated 9th January, 2014.

Place.....
Dated.....

Civil Surgeon (Signature with Seal)
Full Name

<u>For Office use only</u>	
Receipt No./Diary No.....	Date of Receipt.....
Signature	