

**K.J. SOMAIYA MEDICAL COLLEGE,  
HOSPITAL & RESEARCH CENTRE, MUMBAI**

Eastern Express Highway, Sion, Mumbai - 400 022

SR. NO. ....

**APPLICATION FORM**

**Management Quota**

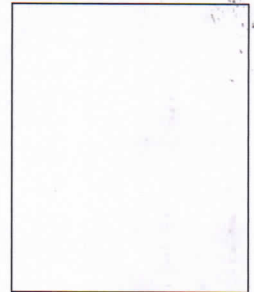
**For Admission to MS OBSTETRICS & GYNAECOLOGY**

**OR**

**MD PAEDIATRICS**

**(Management Quota 2016 - 2017)**

Name (in Block Letters) : .....  
Date of Birth : ..... Age : ..... Sex : .....  
Address Local : .....  
.....  
.....



D.D. No. .... Dt. .... Drawn on .....Rs.2,000/-

Telephone No. : ..... Mobile No. ....

Telephone Contact Person ..... Email .....

Education particulars of the Subject applied : **MS OBSTETRICS & GYNAECOLOGY**

**OR**

**MD PAEDIATRICS**

	Year of Passing	College/University	Percentage of Marks	Attempts
Final MBBS Marksheet				
PGM-CET 2016 Marksheet				
Leaving Certificate				

Maharashtra Medical Council Registration No. : .....

MCI Registration No. : .....

Issue of Application Form Date : .....

Submission of Application Form Date : ..... Entered in Register at Serial No. ....

**Signature of Applicant .....**

**Note** : Attach attested copies of MBBS/Council Registration Certificate/PGM-CET 2016 Statement of Marks/Leaving Certificate and a Draft of Rs.2,000/- issued in favour of K.J. Somaiya Medical College, Mumbai as against processing fee. Incomplete Forms will be rejected.

*Original Certificates are to be submitted at the time of admission.*

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Received Application Form from .....Sr. No. .... for admission to **MS OBSTETRICS & GYNAECOLOGY OR MD PAEDIATRICS (Management Quota 2016 - 2017)**

D.D. No. .... Dt. .... Drawn on .....Rs.2,000/-

Signature & Stamp