

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

Eastern Express Highway, Sion, Mumbai - 400 022

SR. NO.

APPLICATION FORM

Category - Management Quota

**For Admission to MS Obstetrics & Gynaecology
(Management Quota 2015 - 2016)**

Name (in Block Letters)

Date of Birth : Age : Sex :

Address Local :

.....

.....

Permanent/ Abroad :

.....

.....

Telephone No. : Mobile No.

Telephone Contact Person : Email

Subject applied for Education particulars : **Obstetrics & Gynaecology**

	Year of Passing	College/University	Percentage of Marks	Attempts
Final MBBS Marksheet				
PGM-CET 2015 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 2015 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.

Received Application Form fromSr. No. for admission to MS Obstetrics & Gynaecology (Management Quota 2015 - 2016)

Signature & Stamp