

**KARNATAKA EXAMINATIONS AUTHORITY****PGET – 2017 – CENTRALIZED COUNSELING****FORM FOR ADMISSION TO MEDICAL/ DENTAL POST GRADUATE DEGREE / DIPLOMA COURSES FOR THE YEAR – 2017-18**

AIPGMEE TESTING ID / AIPGDEE REG NO : \_\_\_\_\_

CANDIDATE NAME: \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

MARITAL STATUS :  UN-MARRIED  MARRIED

IF MARRIED SPOUSE'S NAME : \_\_\_\_\_

GENDER :  MALE  FEMALE DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_CATEGORY :  SC  ST  CAT-1  2A  2B  3A  3B  GM NON-MINORITY  RELIGIOUS MINORITY  LINGUISTIC MINORITYMOTHER TONGUE:  KANNADA  TAMIL  TELGU  TULU  KODAVA  OTHERS \_\_\_\_\_RELIGION :  HINDU  MUSLIM  CHRISTIAN  PARSIS  JAIN  BUDDHIST  OTHERS \_\_\_\_\_

CASTE NAME : \_\_\_\_\_ FAMILY ANNUAL INCOME: ₹. \_\_\_\_\_/-

ADDRESS : \_\_\_\_\_

PIN: \_\_\_\_\_

STATE / CENTRAL - MEDICAL/DENTAL COUNCIL REGISTRATION NUMBER : \_\_\_\_\_

IF  CENTRAL COUNCIL /  STATE COUNCIL THEN STATE NAME : \_\_\_\_\_

DATE OF COMPLETION OF INTERNSHIP : \_\_\_/\_\_\_/\_\_\_\_\_

TOTAL NUMBER OF ATTEMPTS IN MBBS : \_\_\_\_\_

	1 <sup>ST</sup> PHASE /YEAR	2 <sup>ND</sup> PHASE/YEAR	3 <sup>RD</sup> PHASE/YEAR	4 <sup>TH</sup> PHASE/YEAR	TOTAL
MARKS OBTAINED	_____	_____	_____	_____	_____
MAX. MARKS	_____	_____	_____	_____	_____

MARKS OBTAINED \_\_\_\_\_

MAX. MARKS \_\_\_\_\_

HAVE YOU COMPLETED/STUDYING PG DEGREE :  YES  NO, IF YES SPECIFY SUBJECT : \_\_\_\_\_HAVE YOU COMPLETED/STUDYING PG DIPLOMA:  YES  NO, IF YES SPECIFY SUBJECT: \_\_\_\_\_

AIPGMEE/AIPGDEE MARKS SCORE : \_\_\_\_\_

MBBS DEGREE FROM KARNATAKA YES / NO

DOMICILE CERTIFICATE OF CANDIDATE ISSUED BY THE TAHASILDAR YES / NO

STUDY CERTIFICATE OF CANDIDATE HAVING STUDIED FOR ATLEAST 10 YEARS IN KARNATAKA YES / NO

STUDY/DOMICILE CERTIFICATE FOR EITHER OF PARENT'S HAVING STUDIED/DOMICILE FOR ATLEAST 10 YEARS IN KARNATAKA YES / NO

CERTIFICATE ISSUED BY ASST. COMMISSIONER FOR CLAIMING RESERVATION UNDER ARTICLE 371J(HYD-KAR) YES / NO

HAVE YOU TAKEN MBBS SEAT FROM KEA/CET:  YES  NO,IF **YES** HAVE YOU DONE RURAL SERVICE:  YES  NO IF **NO** HAVE YOU PAID PENALTY:  YES  NO

MOBILE NUMBER: \_\_\_\_\_ (for sms alerts and OTP)

EMAIL ID : \_\_\_\_\_@\_\_\_\_\_.

**DECLARATION**

I declare that the above furnished information is true and correct to the best of my knowledge and belief. I have gone through the relevant Government Orders, Admission Rules/Brochures and all Notifications/Website Notification issued by competent Authority for PGET-2017 and understood the same. If any of the information furnished above is found to be false or incorrect, I shall automatically forfeit my claim to be considered for a seat or the seat already been opted by me in a Professional College in Karnataka. In such event, I will also be liable for such civil / criminal action as the State Government / KEA may take against me in this regard.

\_\_\_\_\_  
Signature of the Candidate

AFFIX YOUR  
RECENT PASSPORT  
SIZE PHOTOGRAPH  
USING GUM/GLUE.  
DO NOT USE  
STAPLER OR PIN

**KARNATAKA EXAMINATIONS AUTHORITY**

**PGET – 2017**

**FORM FOR ADMISSION TO MEDICAL/ DENTAL POST GRADUATE DEGREE / DIPLOMA COURSES FOR THE YEAR – 2017-18**

**FOR IN-SERVICE CANDIDATES ONLY (ADDITIONAL INFORMATION)**

AIPGMEE TESTING ID / AIPGDEE REG NO : \_\_\_\_\_

INSERVICE CANDIDATE IN :  Government  
 Private  
 Public Sector

DEPARTMENT OF THE CANDIDATE:

- H & FW DEPARTMENT
- AUTONOMOUS
- BBMP
- MAHANAGARA PALIKE (MNP)
- ESI(S)MS
- BOARDS AND CORPORATION
- ESIC

NO OBJECTION CERTIFICATE ISSUED FROM HEAD OF THE DEPARTMENT :  YES  NO

PROBATIONARY PERIOD COMPLETED:  YES  NO DATE OF COMPLETION: \_\_\_/\_\_\_/\_\_\_\_\_

NO OF COMPLETED YEARS OF SERVICE:  LESS THAN 3 YEARS  3 TO 5 YEARS  MORE THAN 5 YEARS

SPECIALTY (SUBJECT) IN WHICH YOU ARE WORKING: \_\_\_\_\_

**DECLARATION**

I declare that the above furnished information is true and correct to the best of my knowledge and belief. I have gone through the relevant Government Orders, Admission Rules/Brochures and all Notifications/Website Notification issued by competent Authority for PGET-2017 and understood the same. If any of the information furnished above is found to be false or incorrect, I shall automatically forfeit my claim to be considered for a seat or the seat already been opted by me in a Professional College in Karnataka. In such event, I will also be liable for such civil / criminal action as the State Government / KEA may take against me in this regard.

\_\_\_\_\_  
Signature of the Candidate

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