

13. Rotational Internship:			
Name of the Medical College	Period		
	Starting		Completion
	Month	Year	Month Year

14. Temporary/Permanent Medical Registration:		
Name of the Medical Council	Year of Registration	Registration No.

15. Whether any Post Graduate Diploma Course is done earlier: Yes/No. If yes fill-up the details below:		
Name of the PG Diploma Course	Name of the Institution	Duration of Course & Year of Passing

16. Whether admitted earlier in any Medical College for any PG course & Resigned or discontinued? If yes,		
Year of Admission	Discipline	Reason for Discontinuation

17. If in service of the Government of Tripura:			
Name of the Department	From	To	Place of Posting

I hereby declare that statements made and information furnished as above are true and correct to the best of my knowledge and belief. If any information furnished by me is found to be incorrect, my application is liable to be rejected.

I also agree to undergo the course on a whole time basis and shall not engage my self in private practice or any other attachment during the period.

Place:

Dated:

Full Signature of the Applicant

DECLARATION OF THE PARENTS /GUARDIAN

I hereby declare that I will be responsible for timely payment of all dues payable to the Tripura Medical College, Hapania, Agartala in respect of my Son/Daughter/Ward/Wifeduring the period of his/her study at the Tripura Medical College, Hapania, Agartala and hereafter until the accounts are cleared.

Place :-

Date :-

(to be attested by Gazetted Officer)

Signature of the Parents/Guardian

Enclosed (to be checked and ticked '✓') :

- a) Demand Draft of Rs.3000/- in original.
- b) Filled-up Admit Card Form.
- c) Extra 2(two) copies of Passport size recent photograph.
- d) Self attested photocopies of:
 - i) Pass Certificate of the SSLC / Madhyamik Examination as proof of age.
 - ii) Pass Certificate of the MBBS Course.
 - iii) Internship Completion Certificate.
 - iv) Registration Certificate (Provisional/Permanent) of the Medical Council.
 - v) Permanent Resident Certificate (Tripura Domicile) from the Competent Authority.
 - vi) ST/SC certificate from the competent authority where applicable.
 - vii) BPL certificate, if any from the Competent Authority.



**TRIPURA MEDICAL COLLEGE &
DR. B.R. AMBEDHKAR MEMORIAL TEACHING HOSPITAL
ENTRANCE TEST- 2015
Post Graduate Degree Course
(MD/MS)**

ADMIT CARD

To Be Filled-up by the Office	
Allotted Roll No.	
Entrance Examination Centre:	Agartala
Venue	Tripura Medical College (Academic Building), Hapania, Agartala
Date	
Timing	2:00 PM – 3:30 PM

Candidate's Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City & State : _____

Pin Code

Phone No: _____

Affix Passport size
recent photograph
with full signature of
the candidate thereon

(Do not pin or staple)

Round Seal of the College

Full Signature of the Candidate: _____

Signature of the Principal with official seal

DIRECTIONS FOR CANDIDATES

1. No candidate shall be admitted to the Examination Venue without Admit Card but this admit card is provisional and do not confirm any right against rejection of his/her candidature at the subsequent stage even after selection/admission on detection of wrong/incorrect information towards eligibility.
2. The candidate is to bring and use BLACK BALL POINT PEN for furnishing answers on Answer sheets for the entrance examination to be conducted
3. Candidate shall be present at the Examination Centre 30 minutes before the commencement of the examination and in no case will be allowed to enter in the Exam Hall after commencement of the Examination.
4. Calculators, Log tables, Calculating devices, Mobile Phone & Other Communication Devices, Slide Rules, Geometry Box and Textual materials etc. are not allowed in the Examination Hall.
5. Not to write anything in the Admit Card/Question paper.
6. Not to carry the exam. materials to the outside of the Hall and not to adopt any unfair means or attempts to indulge in any disorderly or improper conduct in the Exam. Hall.
7. No candidate shall be allowed to leave the Examination Hall before the conclusion of the test and without handing over the Answer Sheet to the Invigilator concerned.
8. Candidates must follow the instructions strictly as contained in the information Brochure.
9. No TA/DA will be paid by the Institution for appearing in the Entrance Examination Test.
10. The Candidates are to preserve the Admit Card till the counseling is over.