

Passport  
size photo

**G OVT. MEDICAL COLLEGE, KOZHI KODE**  
**DEPARTMENT OF RADIO DIAGNOSIS**  
**APPLICATION FOR POST DOCTORAL CERTIFICATE COURSE - 2023-24**

Name of Course	
Name (as per SSLC certificate)	
Gender	Male / Female / Third gender
Age & Date of Birth (as per SSLC certificate)	
Name of Parent or Guardian	
Nationality	:
Address for Communication with email id & mobile no:	
Permanent Address	
Caste & Religion	
Are you physically challenged?	
If belongs to SC/ST/OEC	
<b>ACADEMIC DETAILS</b>	
Date of award of MBBS Degree Certificate	
Date of award of MD/DOB/DMRD Certificate	
Name of the University and State	
Medical Council Registration No	
Research experience, if any	Attach separate page for details, if needed
Dissertation topic for MD/DNB	
Details of experience in case of DMRD Candidates	
Titles of published papers, if any	Attach separate page for details, if needed
Details of present occupation (if employed)	Attach separate page for details, if needed

**DECLARATION**

I hereby declare that, the statements made by me in this form, and the documents that are attached are true to the best of my knowledge. If selected, I will work on a whole-time basis for the course and will not accept any other fellowship or financial assistance or employment. I shall refund an amount a sum of ₹200000(Rupees Two lakhs on ly) if I decide to discontinue the course without completing.

Name	
Signature	
Place:	
Date:	

Fee Transaction ID	Date	Amount	Bank

NB: Attach self attested copies of certificates.