

**DIRECTORATE OF TECHNICAL EDUCATION & STATE DESIGNATED COUNSELLING AUTHORITY
APPLICATION FORM FOR ADMISSION TO POST GRADUATE DEGREE COURSES AT GOA MEDICAL COLLEGE.**



REG.NO.				
EMAIL ID:				
AADHAR CARD NO.				
INSTRUCTIONS TO CANDIDATES:				
<p>1. Candidates must submit application Form, on email to dtegoadm-deg@gov.in with the subject 'PG MEDICAL', along with, scanned copy of the filled Application Form, in pdf format, together with self attested copies of required documents, and proof of payment of application fee of Rs.3000/- through the HDFC Bank payment (scrolling) link provided on DTE website, during specified period. Applicant can also submit their application form at Directorate of Technical Education, Porvorim during specified period.</p> <p>2. Eligibility & Merit Lists, as well as Allotment Lists, shall be displayed on DTE website www.dte.goa.gov.in. All applicants are advised to regularly refer to the DTE website for updated information related to the above admissions.</p>				
				Affix photograph

1. NAME OF THE CANDIDATE: [In Block letters as recorded in HSSC/SSC MARKSHEET]

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2. CATEGORY & GROUP APPLIED FOR

[Encircle the appropriate box (es)]

3. DATE OF BIRTH:

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GEN	SC	ST	OBC	PwD
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GROUP	I	II	III	IV
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5. GENDER:

FEMALE		MALE		OTHERS	
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(Tick the appropriate box)

4. NATIONALITY

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6. PERMANENT ADDRESS

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7. CONTACT NOS.: 1

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CONTACT NOS.: 2

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8. ACADEMIC MERIT:	MBBS DETAILS :
A) NEET PG - 2024 DETAILS:	INSTITUTION:- _____
	UNIVERSITY:- _____
	YEAR OF PASSING:- _____

NEET PG - 2024 ROLL NO.:

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NEET-PG 2024 RANK:

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B) INTERNSHIP TRAINING :-

NAME OF THE INSTITUTE & UNIVERSITY	INTERNSHIP TRAINING PERIOD	
	FROM	TO

C) DETAILS OF OTHER POSTGRADUATE EXAMINATIONS PASSED (IF APPLICABLE)	D) WHETHER REGISTERED FOR ANY COURSE (S) PRESENTLY/PREVIOUSLY I) IF YES GIVE DETAILS: _____						
COURSE	YEAR OF PASSING	INSTITUTE	UNIVERSITY	COURSE	YEAR OF PASSING	INSTITUTE	UNIVERSITY
				II) WHETHER COMPLIED WITH AGREEMENT OF BOND ETC., IF ANY.: _____			

9. DETAILS OF WORK EXPERIENCE (IF ANY):	10. PERMANENT REGISTRATION WITH STATE/INDIAN MEDICAL COUNCIL:					
POST HELD	DEPARTMENT	INSTITUTION	FROM	TO	NAME OF THE STATE MEDICAL COUNCIL	
					REG. NO.	
					DATE OF REGISTRATION	

11. DECLARATION OF APPLICANT

Certified that I, Dr. _____, am an Indian National/OCI, and have read and accepted the provisions of the Prospectus, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, Dr. _____, do hereby solemnly declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

I, Dr. _____, further declare that the choices indicated by me on page 3 - Order of Preferences of courses (ANNEXURE 'M') is final, and any allotment based on these choices, shall be binding on me.

PLACE: _____

(Signature of the Applicant)

DATE: _____

Name as signed (Write in Capital letters)

ADDRESS : _____

MOBILE: _____ (PROVIDE MOBILE NO. WHERE APPLICANT CAN BE CONTACTED)

ADDITIONAL MOBILE NO. / LANDLINE NO.: _____

12. CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested xerox copies of the certificates in following order and tick appropriately.
2. No original document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date.

Sr. No.	Documents to be submitted	Attached	Checked
1.	Photograph on the form		
2.	Birth Certificate		
3.	MBBS Passing and Degree certificate		
4.	Statement of marks obtained at First, Second and Third Part I & II MBBS examination.		
5.	Certificate of completion of one year Compulsory Rotatory Internship Training from Goa Medical College or other Medical Colleges (if applicable)		
6.	Medical fitness Certificate from Medical Board of Goa Medical College.		
7.	Certificate of complete Hepatitis-B vaccination		
8.	Bonafide certificate and Character and Conduct certificate at MBBS course.		
9.	Attempt certificate at MBBS course		
10.	Copy of NEET- PG ADMIT CARD, RANK and SCORE CARD		
11.	NOC from present employer stating that applicant will be relieved/deputed immediately if selected for PG Course.		
12.	Certificate of Permanent Registration with Medical Council of India/State Medical Council		
13.	Provisional Eligibility Certificate from Goa University (for applicants other than Goa University) and NBE screening Test Result for Indian National with Foreign Medical qualification.		
14.	Certificate for reserved category claimed viz. SC, ST, OBC, PwD etc.		
15.	Copy of Aadhaar Card		
16.			
17.			
18.			
19.			
20.			
ADDITIONAL DOCUMENTS			

ANNEXURE 'M'

CHOICE OF COURSE OPTIONS FOR THIRD ROUND OF COUNSELLING FOR PG MEDICAL DEGREE COURSES AT GOA MEDICAL COLLEGE

NAME OF APPLICANT: _____ REG. NO.: _____ MERIT NO: _____

NOTE: 1. This option form MUST be filled and submitted ONLY by eligible candidates who wish to be considered for allotment to available seats during the Third Round of Counselling. Candidates NOT submitting this option form will NOT be considered for allotment to available seats. Choice of Course options in ANNEXURE 'O' & 'N' & 'submitted for earlier Rounds of Counselling shall be treated as NULL AND VOID.

2. Candidates, who are allotted seat in the earlier Rounds of Counselling, reported to the Institution, and completed prescribed formalities, and wish to retain their earlier seat allotted, SHOULD NOT submit this form, unless they wish to submit fresh Choice of Course options, for allotment in the next(Third) Round of Counselling.

LIST OF POSTGRADUATE DEGREE PROGRAMMES OFFERED AT GOA MEDICAL COLLEGE(WITH 03 LETTER CODES)

SR.NO	NAME OF PG DEGREE PROG.	PROGRAMME CODE	SR.NO	NAME OF PG DEGREE PROG.	PROGRAMME CODE
1	ANAESTHESIOLOGY	ANA	12	OPHTHALMOLOGY	OPT
2	ANATOMY	ANT	13	ORTHOPAEDICS	ORT
3	BIOCHEMISTRY	BCH	14	OTORHINO LARYNGOLOGY	ORG
4	COMMUNITY MEDICINE	COM	15	PAEDIATRICS	PDS
5	DERMATOLOGY	DER	16	PATHOLOGY	PAT
6	FORENSIC MEDICINE	FRM	17	PHARMACOLOGY	PHM
7	GENERAL MEDICINE	MED	18	PHYSIOLOGY	PHY
8	GENERAL SURGERY	SUR	19	PSYCHIATRY	PSY
9	GERIATRIC	GER	20	RADIO DIAGNOSIS	RDG
10	MICROBIOLOGY	MBG	21	RESPIRATORY MEDICINE	RBM
11	OBSTETRICS & GYNAECOLOGY	OBG	22	TRANSFUSION MEDICINE (IHBT)	IHT

Note:- Candidates will be considered for allotment to seats, only which they have opted for, as their Choice, in order of preference as below. Hence, candidates are advised to exercise utmost care and caution in filling up their choices. Since Admission Committee shall allot seats to courses on merit as per the choices exercised below by the applicants, all applicants are therefore advised to opt for maximum number of courses(22-max)as they will NOT be considered for allotment to courses, which they have NOT opted for.

CHOICE OF COURSES(please enter 03 letter Course Codes in the boxes below)

1st Choice -
2nd Choice -
3rd Choice -
4th Choice -
5th Choice -
6th Choice -
7th Choice -
8th Choice -
9th Choice -
10th Choice -
11th Choice -

12th Choice-
13th Choice-
14th Choice-
15th Choice-
16th Choice-
17th Choice-
18th Choice-
19th Choice-
20th Choice-
21st Choice-
22ndChoice-

DECLARATION

I, Dr. _____, declare that the choices indicated by me above is final, and any allotment of the course by the Admission Committee, as per Merit, based on the above choices, shall be binding on me.

PLACE: _____

(Signature of the Applicant)

DATE: _____

Name as signed (Write in Capital letters)