

University of Pune



FIRST EXAMINATION FOR THE DEGREE OF M.B.B.S., October/April 20 .

To, THE CONTROLLER OF EXAMINATIONS, University of Pune, Pune-411007.

FOR OFFICE USE ONLY Batch No. Sr. No.

Sir, I request permission to present myself for ensuing FIRST Examination for the Degree of M.B.B.S.

1. Name of College : College Code 2. Name of Centre : Centre Code 3. Name in full : (In CAPITAL Letters) *Surname Name Father's/Husband's Name Mother's Name

*Note : Applicant from South India and up-countries should write the name in manner in which the same should appear on University Degree and other Record. Leave one space between two names.

Name in Devnagiri Script :

Table with 6 columns: SC, ST, OBC, DT, NT, Not Applicable and 2 rows: C, T, O, D, N

5. Sex Code M F 1 2 6. Permanent Registration Number

7. I appeared for this examination in the month of 19 for the first time, and I have not appeared for the said examination more than SIX OCCASIONS. I reappeared the said exam. as shown below :

Table with columns: Seat No., Month & Year, Seat No., Month & Year

Absentee or drop may be shown separately.

Note : The student is requested to attach the Xerox Copy of the statement of marks of the latest examination/or attempt.

DECLARATION

I hereby declare that I have gone through the syllabus prescribed for the examination for which I am appearing. I shall be responsible for any errors and wrong or incomplete entries made by me in the Examination Form.

Yours faithfully,

Place : Date : Signature :

8. Race and Religion : 9. Date of Passing the XIIth (10+2) Pre-Professional Examination with Biology and Name of the University } 10. Year and Month of joining the First M.B.,B.S. Exam : Seat No. 11. Residential Address (Permanent) : 12. Local Address (for Correspondence) : 13. Mobile No.

(* To be struck out if not applicable).

Certificate to be signed by the candidates for the First M.B.,B.S. Examination.

I certify that Shri./Smt.

- (1) is to the best of my knowledge and belief, a person of good moral character.
- (2) that after passing the H.S.C. Examination with Biology subject, he/she has been engaged in medical study in this College for 1½ academic year.
- (3) he / she has satisfactorily attended complete courses as detailed below :
 - (i) *Human Anatomy including Histology and Embryology* :
 - (a) A course of lectures—demonstrations and tutorials in Human Anatomy including Histology and Embryology extending over three academic terms.
 - (b) A course of dissections extending over three academic terms. (In this course he/she has dissected the whole human body to the satisfaction of the Head of the Department.)
 - (c) A practical course in Histology and the Principles of Histological Technique excluding preparation of block and section cutting of the block with microtome, extending over three academic terms.
 - (ii) *Human Physiology* :
 - (a) A course of lectures and tutorials in Physiology including Bio-Chemistry, Bio-Physics extending over three academic terms.
 - (b) A practical course in Experimental Physiology, Bio-Chemistry and Bio-Physics extending over three academic terms.
 - (c) Normal Psychology : A course of instruction in Elementary Normal Psychology.
- (4) that he / she has my permission to present himself / herself at the ensuing First Examination for the Degree of M.B.,B.S.

Place :

Signature :

Date :

Dean / Commandant / Principal, Medical College

OR

I certify that failed to pass in the First M.B.B.S. examination held in 19 and that, during the interval between the declaration of his / her failure and the date of this application he / she has pursued a further course of study in the subjects of the Examination to my satisfaction.

* I also certify that his / her statement as to his / her having obtained at a previous exam. marks sufficient to entitle him / her to exemption, which is not beyond SIX YEARS, from the subject of is correct.

I further certify that he / she is eligible to reappear for the exam. as this is his / her attempt (i.e. his / her attempt is not more than SIX OCCASIONS / FOUR OCCASIONS).

Place :

Signature :

Date :

Dean / Commandant / Principal, Medical College

† Certificate which will not accompany the Examination Form will not be entertained.

* To be struck out where it is not applicable.