CHRISTIAN MEDICAL COLLEGE, VELLORE - 632004

DEPARTMENT OF DISTANCE EDUCATION

POST GRADUATE DIPLOMA IN FAMILY MEDICINE (PGDFM)

2012 BATCH - APPLICATION FORM

Instruction: *Read the prospectus carefully before filling in the application form.*

Note : All entries in this section must be in **CAPITALS**

Application No.
For Office Use only

Name : (As it appears in your MBBS Certificate)

Name of Father / Husband :

Gender: Write **M** for Male & **F** for Female

Religion

Nationality

Date of Birth - dd/mm/yyyy

MBBS Registration No.

Address for correspondence :

City: District:

State: Pin:

Permanent / Residential Address: (If different from above)

City: District:

State: Pin:

Telephone Nos (with STD code)

Mobile Nos:

e-mail : (Should be clear)

Professional Qualifications:

Degree	Institution	Year of Completion
M.B.B.S		
PG Qualifications, if any :		

WORK EXPERIENCE: In chronological order from the year of qualification.
(Use additional sheets if the space provided is inadequate.)

Period		Institution	Type of practice (GP/Paediatric, Gynecology, etc. Specify)
From	To		

Are you practicing ? ☐**Yes** ☐**No** **If yes,** ☐General ☐Specialization .....

No. of hours a day (Tick the appropriate)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning .....hrs	☐	☐	☐	☐	☐	☐	☐
Afternoon .....hrs	☐	☐	☐	☐	☐	☐	☐
Evening .....hrs	☐	☐	☐	☐	☐	☐	☐

Working in ☐ **Private Hospital** ☐ **Corporate** ☐ **NGO/Mission** ☐ **Govt. Hospital**

What do you hope to gain from the PGDFM programme? (Not more than 4 sentences.)

Do you have access to the following resources? Tick the appropriate box.

(i) A personal computer with word-processing and CD-ROM ☐ Yes ☐ No.

(ii) Internet access through your computer ☐ Yes ☐ No.

Choice of Contact Centre: *(Please see the Prospectus for the list of Regional Centres)*

1) | | | | | | | | | | | | | | | | | | | | | | | |

2) | | | | | | | | | | | | | | | | | | | | | | | |

DD Particulars:

DD No.		**Date**							**Amount**			
Name of the Bank												

Undertaking :

All the information given above are complete and accurate. I declare that the Dept. of Distance Education is entitled to cancel my candidature immediately, should it become apparent that any of the particulars furnished above in this application form is/are false or incorrect.

I have read the course regulations and promise to abide by them.

Date : _____

Elcosures : 1 Photocopy of MBBS Certificate

2 Demand Draft

_____
Signature