



**LAXMI CHARITABLE TRUST EYE HOSPITAL
PANVEL**

Uran Road, Panvel – 410206 Tel:022 – 2745 2228 / 3147 E-mail – info@laxmieye.org

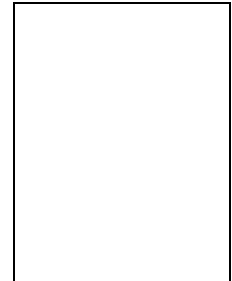
APPLICATION FORM – DOMS (OPH)

Application for the Diploma Course in _____

FEBRUARY 2014 SESSION – COURSE WILL START FROM 1ST MARCH 2014

Name :- _____

(Capital Letter (Surname) (First Name) (Middle Name)



Date of Birth :- _____

Present Address :- _____

Telephone No :- _____ Mobile No :- _____

E-mail ID:- _____

Permanent Address: - _____

Telephone No :- _____ Mobile No :- _____

Nationality:- _____ Marital Status:- _____

Qualification:- _____

Institute:- _____

Whether the Institute is recognized by MCI : Yes / No.

Educational Qualification:-

Exam Month Passed	Percentage	Attempt	University	Year of Passing
I MBBS				
II MBBS				
III MBBS (PART – I)				
III MBBS (PART – II)				

- **Additional Qualification if any** _____
- **Internship (Duration) from** _____ **to** _____
- **Maharashtra Medical Council Registration No** _____ **Date** _____
- **Maharashtra Medical Council Registration No** _____ **Date** _____
- **Gujarat Medical Council Registration No** _____ **Date** _____
- **Are you bonded candidate by Govt:- Yes/No**
- **Enrolment for any other Diploma Course else where**

(Specify) _____

Applied for:- _____

Two references with address:-

1) _____

2) _____

Tel No:- _____

Tel No:- _____

I _____ agree with all rules and regulations and I hereby

Declare that all information given by me in this application is true to the best of my knowledge.

In the event at any time if it is found that the information is not correct.

I will be responsible for the same and I shall be liable for any punishment, including cancellation of Enrollment.

Date: -

(Signature)

List of the documents (Attested Xerox Copies) to be submitted along with this application form.

1. Birth Certificate / S.S.C Certificate
2. MBBS Passing Certificate
3. MBBS Degree Certificate
4. Internship Completion Certificate (University)
5. M.M.C Registration Certificate (Permanent) / Gujarat Medical Council
6. Submit the details of present employer, i.e. name of the employer, Designation, place of posting, duration of post etc.
7. NOC from present employer