

PRICE Rs.2000

SERIAL NO:

SMT. N.H.L.MUNICIPAL MEDICAL COLLEGE
(Managed by AMC Medical Education Trust, Regd No.G/14185, Ahmedabad)
Ellisbridge, Ahmedabad-380006.



RULES & APPLICATION FORM

ADMISSION TO POSTGRADUTE COURSES

2011-2012

NRI SEATS

LAST DATE FOR RECEIVING APPLICATION

21.03.2011

NAME _____
(Surname first)

FOR OFFICE USE ONLY

REGD.NO.	:	CATEGORY	:
CATEGORY CLAIMED:		MERIT MARKS	:
REMARKS	:	MERIT NO.	:

2011-2012

R E C E I P T

Surname

Name

Father's Name

Received from Mr./Miss _____

(For candidate to write)

an application form for admission to Post graduate Courses on NRI seats along with processing fees of Rs.10,000/- by Cash / D.D.No. _____

drawn on _____ Dt. _____

(Bank & Branch)

For Office Use Only

Regd.No. _____

Dated. _____

Category _____

Claimed _____

Receiver's Signature

**Smt.N.H.L.Municipal Medical College
Ahmedabad-380 006.**

Tel. No. Dean's Office : + 91 79 26578452

Office : + 91 79 26576275

Fax : + 91 79 26579282

E-mail Id: dean_nhlmmc@yahoo.com

Website :- www.nhlmmc.edu.in

IMPORTANT

1. Any Change in any of the documents or in the examination marks after submission of the application should be promptly reported to the college office with attested copy of the same. The candidate will be responsible for consequences if he fails to do so.
2. Admission to this college will be finalized on the basis of merit lists as prescribed under the rules. Time table and venue for the personal interview will be intimated later. The students are advised to carefully note down the time and venue of their personal interview. The college will not be responsible if students loses his admission by remaining absent at the interview.

**APPLICATION FORM FOR ADMISSION TO
POSTGRADUTE COURSES ON NRI SEATS-2011-12**

**SMT.N.H.L.MUNICIPAL MEDICAL COLLEGE
ELLIS BRIDGE, AHMEDABAD-380006.**

**Paste candidate's
Passport Size
Photograph**

IMPORTANT:

1. Students should carefully read the rules for admission before submitting the application form. The application must be accompanied with Scrutiny fees of Rs.10,000 /- in Cash or Demand .Draft payable to " **AMC MEDICAL EDUCATION TRUST** " at Ahmedabad.
2. Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected.
3. No application for admission will be considered unless it is accompanied by attested copies of the certificates mentioned in the check list.
4. Students joining the medical college will take their postgraduate degree from Gujarat University to which the college is affiliated.

A: APPLICANT'S DETAILS

1. Full Name:

(Surname) (First Name) (Middle Name)

2. Father's /Husband's Name:

(Surname) (First Name) (Middle Name)

3. Guardian's/Dependent's Name:

(Surname) (First Name) (Middle Name)

Relationship:

4. Present Address:

5. Permanent Address:
[(if different from(4)]

6. Telephone No & Area Code: (Mobile) : {_____} _____
{Residence} : {_____} _____
{Office} : {_____} _____
{FAX} : {_____} _____

7. Sex : Male/Female

8. Religion : _____

9. (a) Date of Birth : _____
(Date) (Month) (Year)

10. Nationality: _____

11. (a) Place of Birth (a) Country : _____
(b) State : _____
(c) District : _____
(d) City/Town/Village : _____

(b) If the place of birth is outside India, give following details:

(a) Present Nationality : _____
(b) Country of your present passport: _____
(c) Passport valid up to : _____
(d) Passport Number : _____
(e) Issued By : _____

12. Category Applied: 1. NRI /Children / Wards
2. NRI dependent

13. Place of origin in India (a) Village/Town/City : _____
(b) Taluka : _____
(c) District : _____
(d) State : _____

14. Document submitted for (a) _____
Proof of Place of Origin: (b) _____

15. Details of M.B.B.S. Examination.

(a) Name of Institution : _____

(b) Address of Institute : _____

(c) Month and Year of passing: _____

16. Details of marks (**Marks of the External Examination only**) Obtained Subject wise at various examinations : Any wrong entry may result to cancellation of application.

Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempt
III M.B.B.S	Medicine :					
	Surgery :					
	Obst & Gynec.					
	Paediatrics					
	ENT					
	Ophthalmology					
	P & SM (Community Medicine)					
	Total :					
Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempt
II M.B.B.S	Pathology					
	Microbiology					
	Pharmacology					
	Forensic Medicine					
	Total :					
Examination	Subject	Theory Marks	Practical Marks	Obtained Total Marks	Out of Total Marks	No. of attempt
I.M.B.B.S.	Anatomy					
	Physiology					
	Biochemistry					
	Total :					

(N.B. Enter **Marks of External Examination only**. Do not enter Grace Marks. Any Wrong entry may result to cancellation of application.)

17. If admitted in P.G. course anywhere in Gujarat State: Yes/ No
If Yes then

Name of Course: _____
 Name Of P.G. Teacher: _____
 Name Of University : _____
 Name of Medical College: _____

IMPORTANT

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:

Place:

Signature of the
Father/Guardian

Signature of the
Student

CHECKLIST

Please tick () appropriate box of the documents you have submitted with this application. (attach only the attested Xerox copies in the sequence given below)

1. Ist M.B.B.S. Examination Marksheet. ()
2. IInd M.B.B.S. Examination Marksheet. ()
3. IIIrd M.B.B.S (Part I and II) Examination Marksheets. ()
4. Ist, IInd, IIIrd M.B.B.S. Examination Attempt Certificate. ()
5. Internship Completion Certificate ()
6. Documents from Dean Medical College regarding candidate's Date of Completion of internship ()
7. Transcript from abroad student. ()
8. Provisional Eligibility Certificate from Gujarat University (if applicable) ()
9. Migration Certificate (If applicable) ()
10. Passport (Scan Copies of All Pages) ()
11. Sponsor's Passport (Scan Copies of All Pages) ()
12. Certificate of completion of P.G. Course. (If applicable) ()
13. Certificate of council registration ()
14. Affidavit of support from Parent/ Guardian/Dependent ()
15. Undertaking in Regards for the Fees from Student/ Parent ()
16. Document/s for Proof of Origin (Citizenship Card/P.R.Card etc.) ()
17. Certificate of character from last institute. ()
18. Physical fitness Certificate ()
19. School leaving Certificate ()
20. Self-addressed Envelop ()

Date:

(Signature of Candidate)

FORMAT OF UNDERTAKING IN REGARDS FOR THE FEES
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/GUARDIAN

Name & Address

2. STUDENT

Name & Address

Date:

To,
The Dean,
Smt. N.H.L.Municipal Medical College,
Ellisbridge, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college.

Dear Sir,

(1) I, Mr/Ms._____ **(Name of the student)**
residing at _____

(2) We, Mr./Ms._____ **(Name of the Parent/Guardian)**
residing at _____

the former having been admitted to the P.G. course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US \$ 60,000/- (US Dollars SIXTY Thousands) for entire P.G.course will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US \$ 10,000/- (US Dollar TEN thousands) for each term if the period of study is prolonged beyond the normal prescribed period of 3 years of study due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be allowed to appear for the university examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

Seal/Stamp of
Notary Public

Signature of the
Notary Public

FORMAT OF UNDERTAKING LETTER
(TO BE NOTARIZED BY NOTARY PUBLIC)

SPONSORER :
Name & Address
Date: _____

To,
The Dean,
Smt. N.H.L. Municipal Medical College,
Ellis Bridge, Ahmedabad-380 006.

Sub: Undertaking by the NRI SPONSORER

Sir,

I, _____ (Sponsorer)

residing at _____(Abroad)

hereby undertake the responsibility of the candidate Mr./Ms. _____

residing at _____

(hereinafter called the "Student") for admission to the Post Graduate course in Smt. N.H.L. Municipal Medical College, Ahmedabad under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US \$ 60,000 (US Dollar SIXTY thousands) for entire P.G. Course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake to pay the fees of US \$ 10,000 (US Dollar TEN thousands) for each term if the study is prolonged beyond the normal prescribed period of study due to any reason whatsoever. I agree that the Smt. N.H.L.Municipal Medical College, Ahmedabad will be entitled to appropriate the amount of fees or any other amount payable to it from the said bank guarantee or to invoke the bank guarantee for payment of the same.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:

Yours faithfully,

Place:

Signature of the Sponsorer

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
Stamp of the Notary Public

Signature of the Notary Public

SMT. N.H.L.MUNICIPAL MEDICAL COLLEGE
Ellisbridge, Ahmedabad-380 006.

(POSTGRADUATE COURSE 2011-12)- NRI Seats

RULES FOR ADMISSION

1. (a) In these admission Rules, unless there is anything repugnant in the text or context.
"ADMISSION" means admission to the postgraduate course of Smt. N.H.L. Municipal College on the NRI SEATS.

" FOREIGN CURRENCY" means currencies permitted by Reserve Bank of India for operating Foreign currency (NR) Account to Banks Scheme. At present these currencies are Pound, Sterling. U.S. Dollar, Deutsche Mark. Japanese Yen & Euro.

"COLLEGE" means Smt. N.H.L. Municipal Medical College, Ahmedabad.

"DEAN" means the Dean of Smt.N.H.L. Municipal Medical College, Ahmedabad.

"INDIAN ORIGIN" means a person of Indian origin as defined by the RBI AD (MA Series) Circular # 19 Dt. 27th September 1996.

"M.B.B.S " means Bachelor of Medicine and Bachelor of Surgery.

"NRI" means a Non-Resident Indian as defined under Income Tax Act.1961.

"NRI DEPENDENT" : Please refer High Court of Gujarat Order dt.27.09.2010 in SPA No.9079/2010.

"UNIVERSITY" means Gujarat University, Ahmedabad.
2. A candidate seeking admission to the P.G. courses of this college on NRI seat must submit his application in writing in the prescribed form. The form will be down loaded from www.nhlmmc.edu.in and submit to office of Dean with Rs.2000/- form fee and Rs.10,000 scrutiny fee in cash/Demand Draft . The form, duly filled and signed, together with a self-addressed envelope and crossed Demand Drafts, submitted Personally or through Registered Post so as to reach the Dean on or before the prescribed last date which will be notified in the local newspaper and/or on the college notice board. No application will be accepted or considered for admission which is received after the prescribed last date irrespective of any reason whatsoever, including delay in postal transit, or non-receipt or late receipt of the application. Incomplete application will be rejected. If the payment is made by Demand Draft, it should be payable to "AMC MEDICAL EDUCATION TRUST" at Ahmedabad.

3. ELIGIBILITY CRITERIA

- (a) (i) A candidate shall be Non-Resident Indian, or
(ii) his/her parents or in absence of his/her parents, his/her legal guardian shall be Non Resident Indian, or
(iii) he/she shall be dependent of Non Resident Indian for the educational purposes and shall have necessary proof/evidence in support of his dependent
- (b) For Bonafide NRI students, residing abroad, the qualifying examination for admission to the P.G. course will be M.B.B.S Degree of the respective country which is recognized by Medical Council of India. The candidate should have secured minimum 50 % marks as per Medical Council of India norms.
- (c) “ Provisional Eligibility Certificate” should be obtained from Gujarat University within One month of the admission.
- (d) “Migration Certificate” should be obtained from Gujarat University by the student who have passed M.B.B.S. degree from other than Gujarat University.
- (e) The candidate whose guardian is Non Resident Indian shall have to produce necessary proof to the satisfaction of the concerned College or Institution establishing that in the absence of his/her parents, the concerned person has been legally appointed as his/her guardian.
- (f) The candidate who is dependent of Non Resident Indian shall have to produce necessary proof in support thereof to the satisfaction of the concerned College or Institution. ‘Dependent of Non-Resident Indian’,it would not be enough that a candidate produces willingness of the sponsor to pay his/her fees for the course in question. It would be necessary for the candidate to show in what manner he/she of she claims to be a dependent of the NRI. A candidate would have to produce before the authority materials suggesting that in the past also for his/her education and other related requirements, he/she was dependent on such sponsor and that the parents do not have economic means to provide for necessary fees and other expenditure for the course in question.
- (g) The Candidate must have completed the recognized M.B.B.S. or equivalent course and completed compulsory rotating internship before the last date of application submission.. All candidates shall have to submit the certificate from the Dean of college regarding completion of internship, failing which, candidate will not be eligible for admission.

4. MERIT LIST

Admission on the non-resident Indian seats shall be given by the management on the basis of inter-se merit list of the candidates, who have applied for admission against the Non- Resident Indian seats in the following manner namely.

- (i) The candidate who is Non-Resident Indians as also the candidate whose parents and in the absence of his/her parents, his/her legal guardian who is Non-Resident Indian, shall be offered the Non- Resident Indian seats in the first instance, and thereafter, the Non-Resident Indian Seats, if remains vacant, shall be offered to the candidate who is dependent of the Non-Resident Indian.
 - (ii) The merit list will be prepared as per prevailing rules and norms of Gujarat University.
 - (iii) The criteria for deciding merit order in case of students having equal marks shall be in the following sequence, namely :
 - a. Candidates whose has obtained higher Total Theory marks in final M.B.B.S. University examination.
 - b. Candidates whose has obtained higher Total Practical marks in final M.B.B.S. University examination.
 - c. Date of Birth (Candidate who is older shall be given priority).
 - (iv) For preparing merit list, only the external marks obtained at university examination will be considered.
5. He/she must be medically fit. The physical fitness certificate is required as per format. The Gujarat University has all the right to verify the fitness of the candidate by Medical experts.
 6. A candidate should have obtained permanent Registration with the Medical Council of India or Gujarat Medical Council within one month from the date of his/her admission, failing which, the admission of candidate shall be cancelled and will not be eligible to apply in future.
 7. A candidate who is currently engaged in P.G. Medical Studies in Gujarat University is not eligible.
 8. If any of the statement made in the application form or any information/document supplied by the candidate in connection with the application for admission is found to be false or incorrect or misleading or if it is found that the candidate has concealed any information /fact in connection with his application, the application form shall be rejected / his admission shall be cancelled without any notice thereof, fees forfeited and he may be expelled and prosecuted.
 9. Applicant or his/her duly authorized representative who has obtained prior permission of the college should remain present for the interview at the notified date and time and also at the time called later again. Candidate or his duly authorized representative remains absent for whatever reason, his name will be removed from the merit list and he/she will not be considered for any post However, he will be eligible to apply again in future.

10. Only those applications along with Scrutiny Fees and required documents received up to last date will be considered. Any application received later than the last date and time due to postal delay or any other reason, will not be considered. Application with insufficient details, or required documents or required fees shall be rejected without any explanation even if it is received within date and time. Scrutiny Fee is not refundable.
11. Merit will be declared on college Web-site www.nhlmmc.edu.in and Notice board of Smt. NHL Municipal Medical College.
12. The college follows the curriculum and study pattern prescribed by the MCI. The college is affiliated to Gujarat University, and as per its present guidelines the academic terms are as follows:
 - (a) First Term : May to November
 - (b) Second Term : December to April.
13. Dean, Smt. N.H.L. Municipal Medical College, Ahmedabad reserves the right to insert any new rule or to edit / modify / delete any rule to meet the exigencies of situation at any time.
14. Completed application form along with scrutiny fee receipt will be accepted at College Office, Smt. NHL Municipal Medical College, Ellisbridge, Ahmedabad. between 11.00 am to 5.00 pm Monday to Friday and 11.00 am to 1.00 pm. on Saturday.
15. The Jurisdiction of any dispute will be at Ahmedabad.

16. Fees:

The applicant will have to pay Rs. 2000/- as Application fees and Rs. 10000/- as Scrutiny fees at the time of submitting the application form which is non- refundable.

The tuition fees payable will be as follows:-

- (i) The fees are to be paid in three installments of \$ 20,000 /- per annum as follows:-

First Installment	:At the time of admission
Second Installment	:Beginning of 3rd Term.
Third Installment	:Beginning of 5th Term.
- (ii) In addition, the student will pay enrollment fees to the University at the time of admission as prescribed by the University and will also pay examination fees fixed by Gujarat University.
- (iii) The tuition fees U.S. \$ 60,000/- is for the prescribed duration of Post graduate course i.e. Three years of the study. If this period is prolonged beyond Three years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of U.S \$10,000 /- for each extra term and will be allowed for University examinations only after all the dues are cleared.

- (iv) The tuition fees should be paid by crossed D.D. in US Dollar Only. The D.D. should be payable to "**AMC MEDICAL EDUCATION TRUST** " at Ahmedabad.
 - (vi) Fees, once paid will not be refunded except when (a) a candidate who was admitted provisionally is declared not eligible for admission by the University afterwards in which case 90% of the tuition fees will be refunded or (b) a student dies during the course in which unutilized proportional amount of tuition fees @ U.S. \$ 10,000/-for each unutilized term will be refunded. However, no part of other charges or fees will be refunded.
 - (vii) No fees / charges will be refunded if a student leaves the course midway for any reason whatsoever or is expelled from the college for any reason whatsoever or is prohibited by the university to pursue his studies further for any reason.
 - (viii) The candidate who are appointed will have to pay caution security deposit of Rs.25000/- which is non refundable if candidate leaves the course before completion.
17. All the students who are admitted under NRI seats quota will have to give an undertaking for the payment of fees in the format prescribed by the institute and given in the application form.

CERTIFICATE REGARDING MEDICAL FITNESS

To,
Dean
NHL Municipal Medical College
AHMEDABAD

**Fix the
photo
attested by
Doctor**

This is to certify that I have conducted clinical examination of Dr.....
..... who is desirous of admission to Medical Postgraduate
Courses at Gujarat University-2011. he has passed MBBS from.....
.....Medical College, affiliated to.....University. His/her permanent
residence address is

He/she has not given/given any personal history of any disease incapacitating him/her to undergo the
professional course. He/she was clinically examined by me thoroughly so also for the below mentioned
points. The results of my clinical findings are as below:

	Clinical Findings	Absent or present (To be filled up by doctor)
1	Progressive systematic disease/disorder / condition,	
2	Disability of lower limb/s or upper limb/s, or three or four limbs.	
3	Visual disability,	
4	Auditory disability	
5	Psychosis/neurosis/mental retardation,	
6	Inability to maintain erect posture,	
7	Other than above	

Description of Progressive Disease/Disorder/Condition/Disability:

As per my clinical finding:	Yes/ No	Signature
He/she is medically fit		
OR		
Above mentioned findings (1 to 7) of progressive disease/disorder /disability/condition he/she needs further investigation by Medical Experts.		

Doctor's Signature:
Name
Registration No.
Address of the Registered Medical Practitioner

Signature of candidate

Date :

Seal of Registered Medical Practitioner

=====

