



**DEPARTMENT OF MEDICAL EDUCATION,  
CHRISTIAN MEDICAL COLLEGE VELLORE – 632 002  
POST GRADUATE DIPLOMA IN FAMILY MEDICINE for recent MBBS Graduates  
2024-2025**

## APPLICATION FORM

[illegible]

<b>9. a) Email Address 1</b>	
<b>b) Email Address 2</b>	

<b>10. Name and address of Medical College from where MBBS course was completed</b>	
<b>11. Year of MBBS course completion</b>	
<b>12. Name and address of Medical College from where Internship was completed</b>	
<b>13. Date of completion of Internship (or likely date of completion)</b>	
<b>14. Year by year details of work experience following MBBS / Details of what you were doing after completion of internship</b>	<b>Year-1:</b>
	<b>Year-2:</b>
	<b>Year-3:</b>
	<b>Year-4:</b>
	<b>Year-5:</b>

<b>15. Name &amp; Complete address of the Institution you are currently working with date of joining (Intimate us if there is a change)</b>	<b>Name:</b>  <b>Date:</b>  <b>Address:</b>
<b>16. Name of your Sponsoring Body for MBBS (if you are a graduate from CMC Vellore, CMC Ludhiana or St. John's)</b>	

<b>17. Hospital where you may be serving for your service obligation with date of joining</b>	<b>Name of hospital for service obligation:</b>  <b>Date:</b>  <b>Address:</b>
<b>18. Type of Institution</b> <i>(Where you are currently working or likely to join soon)</i>	a) Tertiary Hospital <input type="checkbox"/> b) Secondary Hospital <input type="checkbox"/> c) Clinic /Primary Care Institution <input type="checkbox"/> d) Others <input type="checkbox"/> Please Explain _____

<b>19. Ownership of the Institution</b> <i>(Where you are currently working or likely to join soon)</i>	a) Mission Hospital <input type="checkbox"/> b) Voluntary <input type="checkbox"/> c) Govt. / Quasi Govt. <input type="checkbox"/> d) Private Sector <input type="checkbox"/> e) Others <input type="checkbox"/> Please Explain _____
<b>20.</b>	<b>Details of the Medical Superintendent of the Hospital you are working in:</b>  a) Name _____ b) Contact Number _____ c) Email _____ d) Hospital Email _____ e) Landline _____ f) Referral Letter of the MS is attached Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>21.</b> a) Do you have a 2 YEAR service obligation after internship? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Are you planning to pursue a PG course in the next 18 months? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Are you currently pursuing any course Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of the course _____ d) Have you completed a PG course Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of the course _____	

**22. How do you think this course will benefit you?(Attach extra sheets, if needed)**

**23. Will you be able to complete the 3 contact courses of (6+6+2) days each, work through the 27 course modules and complete an appropriate project as part of the course requirements?**

Yes ☐ No ☐

**I do hereby declare that the information given above is true to the best of my knowledge and belief.**

**Date:**

**Signature of the Applicant**

**Kindly submit the following with the application.**

1. Eligibility certificate from NMC (if you have completed MBBS from other countries)
2. Photocopy of your MBBS degree certificate or Provisional certificate
3. Photocopy of your internship certificates
4. Photocopy of your State Medical Council Registration Certificate
5. The details of the transaction for the application fee of Rs. 295/-
6. Referral Letter from the Medical Superintendent of the Hospital you are currently working.

I also submit the following details of my online application fee money transaction for Rs. 295/- (Inclusive of application fee + GST)



**Department of Medical Education  
Christian Medical College Vellore  
Payment of Application Fee for the PGDFM for Recent MBBS Graduates Course**

**Amount remitted towards application fee: Rs.295/-**

**Bank Account no. to which the remittance was done: 10404158238. & IFSC code: SBIN0001618.**

**Account name: CMC VELLORE ASSOCIATION.**

**The transaction Id received for the successful payment is**

\_\_\_\_\_

**Date of payment: dd\_\_\_\_\_ /mm\_\_\_\_\_ / yyyy\_\_\_\_\_.**

**Name of the student:\_\_\_\_\_**

**Mobile no.: \_\_\_\_\_**