

High Commission of India
Port Louis

Applications are invited from suitably qualified Mauritian nationals in Post-Graduation Medical Courses at the Institute of Medical Sciences, **Banaras Hindu University, Varanasi** under self-financing Scheme for the academic session 2016-17.

Fields of Disciplines:

1	MD (Psychiatry)	8	MD (Bio-Chemistry)
2	MD (Radiotherapy)	9	MD (Community Medicine)
3	MD (TB & Respiratory Diseases)	10	MD (Pathology)
4	MD (Derm. Venereology)	11	MS (ENT)
5	MD (Anatomy)	12	MS (Obst & Gynecology)
6	MD (Physiology)	13	MS (Orthopedics)
7	MD (Microbiology)	14	MS (Ophthalmology)

Candidates are advised to indicate names of atleast three courses in the order of their preferences.

Mode of Application:

Applications must be made on the prescribed form, which may be downloaded from High Commission of India's website <http://indiahighcom-mauritius.org>

Documents required :

- (a) Attested copies of their academic transcripts – First, Second, Third and Final year MBBS examination marks sheets indicating alphabetical / numerical grades and equivalent percentage marks;
- (b) Attested copies of MBBS degrees / certificates and attempt certificate indicating the number of attempt candidate has taken to pass the MBBS examination;
- (c) Nationality Certificate / Passport and Birth Certificate;
- (d) Registration with the Medical Council of his / her country – specifying date of issue and validity along with a certificate of completion of one year internship;
- (e) Certificate that MBBS degree of the candidate is recognized by the Medical Council of India

It may also be noted that candidates must fulfill the eligibility criteria laid down by the Medical Council of India and the Banaras Hindu University. The applicants may please be advised that mere forwarding of their applications should not be considered as an assurance of their nomination.

The candidates may also be advised that no direct correspondence from them will be entertained by the Ministry of External Affairs / Ministry of Health & Family Welfare, Government of India and they will be informed about their nomination or otherwise by the High Commission of India.

The completed forms in triplicate along with all supporting documents should be submitted by **Thursday 31 March 2016 by 1700 hours** to the following address :-

Dr. Nutan Pandey
Second Secretary (E&L)
High Commission of India
6th Floor, LIC Building
President John Kennedy Street
PO BOX 162, Port Louis
Mauritius.

APPLICATION FORM FOR NOMINATION UNDER SELF FINANCING SCHEME FOR FOREIGN STUDENTS FOR POST GRADUATE MEDICAL COURSES AT THE INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY, VARANASI FOR THE ACADEMIC SESSION 2016-17

(As far as possible the entries, except the Signature, should be type written)

TO BE SUBMITTED IN TRIPLICATE THROUGH THE INDIAN DIPLOMATIC REPRESENTATION IN THE COUNTRY OF CANDIDATE'S DOMICILE

1. Full name of the candidate Mr./ Ms. (in block letters)

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2. Full address to which communication may be sent (in block letters)

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Affix Recent
Photograph

3. Date & Place (with Country) of Birth

4. (a) Country & Place of permanent domicile

(b) Nationality

(c) Number and Date of Passport or any other travel document held by the applicant.

(Attach photostat (duly attested) copy of the first four pages of passport or travel document by authorised official of the Indian Mission)

5. (a) Name of Father/ Mother

(b) Nationality of Father/ Mother

(c) Address of father/ Mother in the country of his/ her domicile

6. Name and Address of person to be notified in case of emergency.

(a) In India

(b) In the country of domicile/ residence

7. Have you ever applied for nomination earlier? If yes, give year and course

8. Educational qualifications, beginning with Matriculation / School Certificate or its equivalent Examination i.e. Grade X onwards upto four years of MBBS examination :

Examination Passed	Year of Passing	Subjects taken	Percentage of marks obtained
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9. Name of the disciplines in order of preference to which admission is desired.

- 1.
- 2.
- 3.

I the undersigned do hereby declare that the entries made by me in the application form are complete and true to the best of my knowledge and belief. I also declare that, I am no suffering from any serious/contagious ailment and/or any psychiatric/psychological disorder. I further declare that I have made satisfactory arrangements for regular supply of funds for my expenditure in India. I understand that no financial assistance will be provided by the Government of India that I will return for settlement to the country of my domicile after the completion of my studies in the course hereby applied for. I declare that, my nomination may be cancelled at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect. I, hereby, promise to abide by the admissible rules and regulations of the Institute.

Signature of the Candidate

Declaration by Parent/Guardian

I,, (parent / Guardian) hereby fully endorse the above undertaking/declaration given by my child/ward. And I will endeavor to induce my child/ward to do his/her best to observe the above stated undertaking in words and spirit. I, hereby, promise to abide by the admissible rules and regulations of the Institute.

Signature of the Candidate's Parent/guardian

Place:

Date:

Signed in the presence of _____

(Signature and seal of the Indian Diplomatic Representative in the country of Candidates domicile)