



GOVERNMENT MEDICAL COLLEGE, SRINAGAR

Karan Nagar, Srinagar, UT Jammu & Kashmir, 190010
Phone No. 0914-2504114 Fax No. 0194-2503115, E-mail ID:
academicsection@gmcs.ac.in

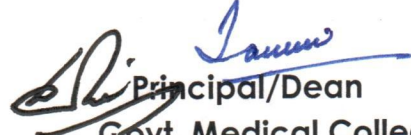
Subject: Submission of Synopsis Registration Form & Fee from P.G. Students, Batch 2022.

N O T I C E

It is notified for information of all the Postgraduate Students (Batch 2022) of Government Medical College, Srinagar to submit the hard copy their synopsis and a soft copy in a CD disk and Registration form (copy attached herewith) in the Academic Section of this College within 15 days positively from the date of issuance of this notice, failing which their PG Registration shall remain withheld which may lead to the cancellation of their admission in this College.

Furthermore, each P.G. student is required to deposit the fee detailed below along with the Synopsis Registration Form:

1. Registration Fee: Rs. 3000/- (to be deposited in the University Chest Bank Receipt Enclosed)
2. Supervision Fee: Rs. 550/- -do-
3. Photostat Charges: Rs. 1000/- (To be deposited in Cash)


Principal/Dean
Govt. Medical College,
Srinagar

No.: GMCS/Acad/SS/ 3633-SS/ME

Dated: 25-08-2023

Copy to the, for information and necessary action:

1. Head of Departments Concerned, Govt. Medical College, Srinagar.
2. Joint Registrar Academics, University of Kashmir
3. All Postgraduate Scholars, Guides/Teachers of Govt. Medical College, Srinagar
4. In-Charge, I.T Section for uploading the notice on the official Website..

The Jammu and Kashmir Bank Limited	
BANK COPY	
PAY IN SLIP FOR University of Kashmir	
Dated:	MDMS NO: 23 _____
Name :	Parentage:
Address:	Contact No:
Account No: 0007040500001005	Purpose: Registration & Supervision Fees in MD/MS/M.Ch Programme (Rs.3000/- & Rs. 550/-)
Amount : 3550/-	
Sign. of Depositor	Bank Seal & Signature

The Jammu and Kashmir Bank Limited	
UNIVERSITY COPY	
PAY IN SLIP FOR University of Kashmir	
Dated:	MDMS NO: 23 _____
Name :	Parentage:
Address:	Contact No:
Account No: 0007040500001005	Purpose: Registration & Supervision Fees in MD/MS/M.Ch Programme(Rs.3000/- & Rs. 550/-)
Amount : 3550/-	
Sign. of Depositor	Bank Seal & Signature

The Jammu and Kashmir Bank Limited	
DEPOSITOR'S COPY	
PAY IN SLIP FOR University of Kashmir	
Dated:	MDMS NO: 23 _____
Name :	Parentage:
Address:	Contact No:
Account No: 0007040500001005	Purpose: Registration & Supervision Fees in MD/MS/M.Ch Programme(Rs.3000/- & Rs. 550/-)
Amount : 3550/-	
Sign. of Depositor	Bank Seal & Signature



THE UNIVERSITY OF KASHMIR, HAZRATBAL, SRINAGAR
APPLICATION FORM FOR REGISTRATION AS MD/MS/M.CH
PROGRAMME

No:- _____

Name of the Candidate _____

Father's Name _____

University Registration Number _____

Residential Address _____

Year of Passing MBBS/PG (MD/MS) Examination _____

Name of the Medical College/University _____

Degree/Diploma, if any _____ year of passing _____

Institution/University/Learned Body from which passed _____

Compulsory rotatory internship from _____

Name of the Hospital _____

Houseman ship/Demonstration ship/Research Work From _____ to _____

Registration fee of Rs. _____ Deposited vide University receipt

No _____ dated _____

Name of the guide/co-guide(if any) _____

Topic _____

Discipline of Post-graduate/M.Ch Scholar _____

I _____ do solemnly affirm that the information given above is true and correct to the best of my knowledge and belief and request that I may be registered as

_____ with the University of Kashmir for MD/MS/M.Ch programme in the discipline _____ having passed _____

MBBS/MD/MS examination in THE YEAR _____

Signature of the Student

**Application for Registration of the subject for thesis to be submitted in respect of MD/MS/M.Ch
Programme**

Name _____

Father's Name _____

Residential address with Ph.No. _____

University Registration No. _____

Name of the Guide _____

Title of thesis _____

Discipline of Post-Graduate/M.Ch Scholar _____

I _____ hereby request that I may be allowed to work for my thesis on the title detailed above as required for MD/MS/M.Ch Programme.

Date _____

Signature of the Candidate

CONSENT OF THE GUIDE

Recommended and forwarded to the Principal, GMC, Srinagar.

I _____ am prepared to accept _____ as a post-graduate/M.Ch Scholar in the _____ Department and shall guide him/her during the period of his/her studies and research/. The exemption sought for by the candidate is admissible under rules and its recommended.

Signature of the Guide

Designation Seal

No: _____

Dated:- _____

GOVERNMENT MEDICAL COLLEGE, SRINAGAR

No: _____

Date _____

Recommended & forwarded to the Registrar, University of Kashmir, Srinagar.

Dr. _____ is allowed working on the topic

_____ in the Department of _____ of Government Medical

College, Srinagar facilities for the work shall be made available to the candidate free/on payment of as prescribed by the institution for the purpose.

PRINCIPAL

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THE APPLICATION

- 1) MBBS/MD/MS Degree in Original.
- 2) Compulsory rotatory internship certificate.
- 3) Housemanship certificate.
- 4) Character certificate from the Principal of the Institution last attended
- 5) Eligibility certificate, if any.
- 6) Migration certificate, if applicable.
- 7) Original certificate in respect of any other Degree/Diploma.
- 8) Selection letter/Order of the BOPEE.

FOR USE IN THE UNIVERSITY OFFICE ONLY

Name _____
Father's Name _____
Selected for PG/M.Ch Course/Programme by the competent body vide letter No _____
MBBS/MS/MD passed in _____ original certificate
Housemanship (if applicable) completed/exempted _____
Rotating Internship Complete/Exempted _____
Eligibility fee. Received/not received. If yes enter No. & Date _____
Migration certificate if required _____ Character Certificate _____
Degree/Diploma _____
Deficiency if any _____