

**Application form for competency based examination (six months ultrasound training) under PCPNDT Act, 2014.**

(To be neatly & legibly filled in by the candidate in his/her own handwriting)

1. Name of the candidate in English (Block Letters).....  
Hindi.....
2. Father's Name in English (Block Letters) .....  
Hindi.....
3. Mother's Name in English (Block Letters) .....  
Hindi.....
4. Date of Birth (Copy enclosed) DD..... MM..... YY.....
5. Gender (Male/Female/Transgender) .....
6. MCI Regn. No. / State Regn. No.....
7. Name of the clinic/medical premises where the candidate is practising .....
8. Clinic Regn. No. (if any) .....
9. Correspondence Address.....  
Landline Telephone No. .... Mobile No ..... E.mail address: .....
10. Permanent Address.....  
Landline Telephone No. .... Mobile No .....
11. Demand Draft No. .... Date ..... Amount.....
12. Year of passing MBBS Examination (Copies of year wise mark sheets to be enclosed).  
(a) Name of College..... (c) Number of Attempts .....
- (b) College Regn. No. .... (d) Date of completion of internship .....
13. Place & duration of undertaking the USG training (Copy of certificate to be enclosed) .....
14. If the candidate has ever been disqualified by any University from appearing in any examination / or for having indulged in any unfair means / malpractices, the details to be provided for the same.

Space for affixing passport sized photograph duly attested by the concerned District Civil Surgeon
Right Thumb impression of the candidate

Place.....  
Dated.....

**UNDERTAKING BY THE APPLICANT / CANDIDATE**

If any statement/documentary proof attached / enclosed along this application form is found to be incorrect at any later stage, suitable legal proceedings / or any other disciplinary action as deemed fit by the concerned administrative authorities may be initiated against me for willful concealment of information/ furnishing of false documents/ facts / or any other act of misdemeanour.

**(Signature of Candidate)**

**CERTIFICATE BY THE DISTRICT CIVIL SURGEON**

I certify that the details of the candidate mentioned above with regard to the medical practice by him/her at \_\_\_\_\_ (Name of clinic / Nursing Home /premises) are correct. Further, the candidate is eligible to appear in the given examination as per provisions of Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) (Six Months Training) Rules, 2014, Government of India (MoHFW), Gazette Notification, dated 9<sup>th</sup> January, 2014.

Place.....  
Dated.....

Civil Surgeon (with Seal)  
Full Name.....

<b><u>For Office use only</u></b>	
Receipt No./Diary No.....	Dated of Receipt.....
Signature	