



**MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)**

No./MPMSU/Exam/2021/ 5785

Jabalpur Dated 25/08/21

**Notification**

M.P. Medical Science University, Jabalpur here by declares the **Fellowship in Neuroendoscopy Examination**. Theory Examination Time Table will be held as under:-

**Fellowship in Neuroendoscopy Examination Sep- 2021**

S.No	Date	Day	Time	Subject
1	17-09-2021	Friday	11:00 AM To 2:00 PM	Basic and Clinical Endoscopy
2	20-09-2021	Monday	11:00 AM To 2:00 PM	Oprative and recent advances in the field of Neuroendoscopy

- Last Date of submission of form by college will be 10-09-2021 without late fee and 13-09-2021 with late fee. Colleges should to submit all Examination form to university before or on date 14-09-2021 with Fee.
- Collect exam fee of all the students of one course and make a single draft in the favor of "Registrar, M.P. Medical Science University, Jabalpur" payable at Jabalpur.

• **Fee Details:-**

S.No	Course	Exam Fee	Form Fee	Total fee if form received on or before 10-09-2021	Total fee if form received on or before 13-09-2021 (Late Fee 500/-)
1	<b>Fellowship in Neuroendoscopy</b> (02 Theory Paper + 01 Practical) Rs.2000 per Theory Paper + Rs.4000 per Practical	8000/-	100/-	8100/-	8600/-

- Oral and Practical Examination must be completed with in 15 days of completion of theory examination.
- Examination Admit cards will be available to the candidate from their college
- No extra charges should be taken in the name of university except above charges.
- The Dean/Principal of the concerned Colleges are responsible that students must fulfill attendance criteria and also fulfill all eligibility criteria as per concerned council.

• **Attached-Examination form**

AR (Exam)  
MPMSU, Jabalpur

DR (Exam)  
MPMSU, Jabalpur

Examination Controller  
MPMSU, Jabalpur

Endo. No./MPMSU/Exam/2021/ 5785-A

Jabalpur Dated 25/08/21

Copy to :-

1. Hon'ble Vice Chancellor, MPMSU, Jabalpur.
2. Registrar, MPMSU, Jabalpur.
3. Dean, NSCB Medical College, Jabalpur.



**13. Eligibility Criteria Detail:-****Qualifying Entrance Exam Name**-.....**Year**-.....**Roll No.**-.....**Rank**-.....**Marks Obtain**.....**Out off**.....**DME Allotment Letter (Photocopy Attached)**- **YES**...../**NO**.....**14. I will be appearing for the following Subjects:-**

Sr. No	Subject Name	Internal Assessment		Attendance (min.80%)		Signature of HOD
		Theory	Practical	Theory	Practical	
1	Basic and Clinical Endoscopy					
2	Operative and recent advances in the field of Neuroendoscopy					

**DECLARATION BY THE CANDIDATE**

- 1) I am aware that, I have to fulfill criteria of attendance by the University/ MCI, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear in Examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not admitted to the course after the cut-off date declared by the University for grant of terms.
- 5) I fulfill all the criteria for the admission in the course as defined by the DCI/ University and I am not defying the criteria of the admission order.

Place:

Date:

**Signature of Candidate in running hand****FOR THE USE OF INSTITUTION OFFICE**

Fulfils attendance criteria	YES	NO			
Attachments					
DD No.	YES	NO	Migration certificate Original ( if not submitted with enrolment form)	YES	NO
M.Ch. Mark sheet Copy	YES	NO			
Signature of verifying officer					

**CERTIFICATE BY THE HEAD OF INSTITUTION**

I certify:

1. That Shri/Smt/Kum. .... is a bonafide student of this college, admitted to course. He/she is not admitted to the course after the cut-off date for grant of terms.
2. \* That his/her attendance is not less than as prescribed by the MCI norms in lecture teaching and practical work up to submission of this application. **OR**  
\* I find him/her eligible under provisions of MPMSU ordinance 6/14 section 5.1  
**\*(Cancel whichever is not applicable)**
3. That the candidate has completed the academic terms to appear in this examination (wherever applicable).
4. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.**

Place:

Date:

**Signature & Seal of the Dean/Principal**

Dear Student,

You have downloaded the Examination application form for appearing in the **Fellowship in Neuroendoscopy Examination .....2021. The Last due date of submission of this form to the University by your college is 06/09/2021 without late fee and 09/09/2021 with late fee. Since your form is to be forwarded and submitted by your college, they will decide the last date of submission of form to them.**

Carefully follow the steps given below to apply.

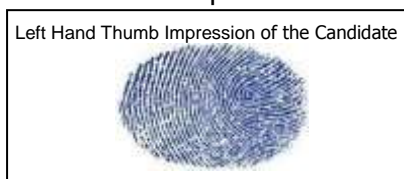
1. Your application form has 2 pages. Have a print out of all the pages on a separate sheet of A4 size paper.
2. Collect the following information from your college office:
  - (a) Your theory and practical class attendance in the subjects for examination,
  - (b) Your theory and practical internal assessment marks in the subjects for examination.
3. Have the following documents ready with you for attaching to the application form:
  - (a) A self attested photocopy of your 10+2 board examination mark sheet.
  - (b) Migration Certificate from the Board/University last attended in original (If not submitted with enrolment form)
  - (c) Your recent 35 mm (W) X 45 mm (L) *colored* photograph in a light colored dress.
4. Having satisfied yourself that you fulfill all eligibility criteria to appear in the examination deposit your exam fees (ANNEXURE 2) in the college office and get receipt in the fee receipt form.
5. How to fill the Examination form: (**use black ball point pen only. Use capital letters to enter characters**).

**On page one in the boxes provided-**

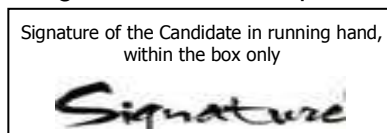
- (1) Fill in your first name, second name and surname in the boxes

FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

- (2) Fill in your father's first name and Middle name in the boxes. Don't write Surname. (3) Fill in your college/institute full name with district name.
- (4) Put your left thumb impression in the box provided.



- (5) Put your signature in the box provided



(6) Paste the photograph (see no. 4 (c) above) in the box. Photo must be attested by the dean/ principal of the institute.



(7) Enter your date of birth in dd-mm-yyyy format, i.e., if you are born on 15<sup>th</sup> Aug. 1996

**6. Date of Birth**

Date		Month		Year			
1	5	0	8	1	9	9	6

(8) Put a right mark against your gender, i.e., if you are a girl mark as:

**7. Gender**

Male	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>
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(9 to 12) Make the entries as required

**On Page 2:**

(13) Fill in the required data and have it verified from respective Class coordinator

(14) Put Place, Date and your signatures.

**(15) Submit to the college office for forwarding to the university well in time.**

**On Page 3:**

**Fill the required details. Don't write in the areas marked as "for university use only"**

**On Page 4:**

**Fill the required details. Don't write in the areas marked as "for university use only"**

**VERY IMPORTANT INSTRUCTIONS TO THE COLLEGES/INSTITUTES**

1. Submit properly filled application forms of all the eligible students on or before 06/09/2021 without late fee and 09/09/2021 with late fee.
1. Collect exam fee of all the students of one course and make a single draft in the favor of “**Registrar, M.P. Medical Science University, Jabalpur**” payable at Jabalpur.
2. If at any point of time it is found that the college/ institute has submitted or forwarded a form of student who is not eligible to appear in the exam or whose admission process is not as per rules prescribed by DCI/ University, very strict action including legal action and disaffiliation of the college/ institute will be taken by the University
3. **Scan first two pages of the form, save in “JPG format- image size should be less than 300 kb” with the name of the student and submit the CD/DVD along with form. Write the name of the institute on the CD/DVD with the help of permanent marker pen (forms will not be accepted without scanned document in a CD/DVD)**