DIRECTORATE OF TECHNICAL EDUCATION & STATE DESIGNATED COUNSELLING AUTHORITY
APPLICATION FORM FOR ADMISSION TO POST GRADUATE DEGREE COURSES AT GOA MEDICAL COLLEGE.

REG.NO.				Affix photograph
EMAIL ID:				
AADHAR CARD NO.				

INSTRUCTIONS TO CANDIDATES:

1. *Candidates must submit application Form, on email to **dtegoaadm-deg@gov.in** with the subject **'PG MEDICAL'**, along with, scanned copy of the filled Application Form, in pdf format, together with self attested copies of required documents, and proof of payment of application fee of **Rs.3000/-** through the HDFC Bank payment (scrolling) link provided on DTE website, from **05/11/2025 to 10/11/2025.** Applicant can also submit their application form at Directorate of Technical Education, Porvorim during above period.*
2. *Eligibility & Merit Lists, as well as Allotment Lists, shall be displayed on DTE website www.dte.goa.gov.in. All applicants are advised to regularly refer to the DTE website for updated information related to the above admissions.*

1. NAME OF THE CANDIDATE: [*In Block letters as recorded in HSSC/SSC MARKSHEET*)

1.CATEGORY & GROUP APPLIED FOR
[Encircle the appropriate box (es)]

GEN	SC	ST	OBC	PwD	EWS

GROUP	**I –GMC-MBBS, INT**	**II GMC-MBBS, INT OUTSIDE**
GROUP	**III –OUTSIDE-MBBS, GMC INT**	**IV –OUTSIDE-MBBS, INT**

3.DATE OF BIRTH: | | | | | | | | |

5.GENDER: **FEMALE** | | **MALE** | | **OTHERS** | |

4. NATIONALITY | | *(Tick the appropriate box)*

6. PERMANENT ADDRESS		**7.CONTACT NOS.: 1**	
		CONTACT NOS.: 2	

2. ACADEMIC MERIT:

A) NEET PG - 2025 DETAILS:

MBBS DETAILS :

INSTITUTION:-_____

UNIVERSITY:- _____

YEAR OF PASSING:- _____

NEET PG -2025 ROLL NO.: | | | | | | | | | | | |

NEET-PG 2025 RANK: | | | | | | |

B) INTERNSHIP TRAINING :-

NAME OF THE INSTITUTE & UNIVERSITY	INTERNSHIP TRAINING PERIOD	
	FROM	**TO**

C) DETAILS OF OTHER POSTGRADUATE EXAMINATIONS PASSED (IF APPLICABLE)

COURSE	YEAR OF PASSING	INSTITUTE	UNIVERSITY

D) WHETHER REGISTERED FOR ANY COURSE (S) PRESENTLY/PREVIOUSLY
I)IF YES GIVE DETAILS:_____
_____

COURSE	YEAR OF PASSING	INSTITUTE	UNIVERSITY

*II) WHETHER COMPLIED WITH AGREEMENT OF BOND ETC., IF ANY.:*_____
_____

9. DETAILS OF WORK EXPERIENCE (IF ANY):

POST HELD	DEPARTMENT	INSTITUTION	FROM	TO

10. PERMANENT REGISTRATION WITH STATE/INDIAN MEDICAL COUNCIL:

NAME OF THE STATE MEDICAL COUNCIL	
REG. NO.	
DATE OF REGISTRATION	

OPTION FORM FOR SUBMITTING CHOICE, IN ORDER OF PREFERENCES OF COURSES

All applicants for admissions to Post Graduate Courses MUST submit their Choice of courses for admissions to Post Graduate Degree Programmes, in their Order of Preference, by writing the 3 letter code for the courses opted for :

(Refer below list of courses with their 3 letter code):

LIST OF POSTGRADUATE DEGREE PROGRAMMES OFFERED AT GOA MEDICAL COLLEGE

SR. NO	NAME OF PG DEGREE PROG.	NOS. OF STATE QUOTA SEATS	PROGRAMME CODE	SR. NO	NAME OF PG DEGREE PROG.	NOS. OF STATE QUOTA SEATS	PROGRAMME CODE
1	ANAESTHESIOLOGY	05	ANA	12	OPTHALMOLOGY	02	OPT
2	ANATOMY	02	ANT	13	ORTHOPAEDICS	02	ORT
3	BIOCHEMISTRY	02	BCH	14	OTORHINO LARYNGOLOGY	02	ORG
4	COMMUNITY MEDICINE	03	COM	15	PAEDIATRICS	05	PDS
5	DERMATOLOGY	02	DER	16	PATHOLOGY	02	PAT
6	FORENSIC MEDICINE	02	FRM	17	PHARMACOLOGY	05	PHM
7	GENERAL MEDICINE	07	MED	18	PHYSIOLOGY	02	PHY
8	GENERAL SURGERY	07	SUR	19	PSYCHIATRY	04	PSY
9	GERIATRIC	01	GER	20	RADIO DIAGNOSIS	03	RDG
10	MICROBIOLOGY	02	MBG	21	RESPIRATORY MEDICINE	03	RBM
11	OBSTETRICS & GYNAECOLOGY	04	OBG	22	TRANSFUSION MEDICINE (IHBT)	01	TFM

Note:- Candidates will be considered for allotment to seats, only which they have opted for, as their Choice, in order of preference as above. Hence, candidates are advised to exercise utmost care and caution in filling up their choices. Since Admission Committee shall allot seats to courses on merit as per the choices exercised above by the applicants, all applicants are therefore advised to opt for maximum number of courses(22-max)as they will NOT be considered for allotment to courses, which they have NOT opted for.

CHOICE OF COURSES

1st Choice - ☐ **12th Choice-** ☐

2nd Choice - ☐ **13th Choice-** ☐

3rd Choice - ☐ **14th Choice-** ☐

4th Choice - ☐ **15th Choice-** ☐

5th Choice - ☐ **16th Choice-** ☐

6th Choice - ☐ **17th Choice-** ☐

7th Choice - ☐ **18th Choice-** ☐

8th Choice - ☐ **19th Choice-** ☐

9th Choice - ☐ **20th Choice-** ☐

10thChoice - ☐ **21st Choice-** ☐

11thChoice - ☐ **22ndChoice-** ☐

_____ _____

(Signature of the Applicant) Name as signed (Write in Capital letters)

DECLARATION OF APPLICANT

Certified that I, Dr. _____, am an Indian National/OCI, and have read and accepted the provisions of the Prospectus, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, Dr. _____,do hereby solemnly declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

I, Dr. _____, further declare that the choices indicated by me on page 2 - Order of Preferences of courses is final, and any allotment based on these choices, shall be binding on me.

PLACE: _____ _____

(Signature of the Applicant)

DATE: _____ _____

Name as signed (Write in Capital letters)

ADDRESS : _____

_____

MOBILE: _____ *(PROVIDE MOBILE NO. WHERE APPLICANT CAN BE CONTACTED)*

ADDITIONAL MOBILE NO. / LANDLINE NO.: _____

CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested xerox copies of the certificates in following order and **tick** appropriately.
2. No **original** document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date.

Sr. No.	Documents to be submitted	Attached	Checked
1.	Photograph on the form		
2.	Birth Certificate		
3.	MBBS Passing and Degree certificate		
4.	Statement of marks obtained at First, Second and Third Part I & II MBBS examination.		
5.	Certificate of completion of one year Compulsory Rotatory Internship Training from Goa Medical College or other Medical Colleges (if applicable)		
6.	Medical fitness Certificate from Medical Board of Goa Medical College.		
7	Certificate of complete Hepatitis-B vaccination		
8.	Bonafide certificate and Character and Conduct certificate at MBBS course.		
9	Attempt certificate at MBBS course		
10	Copy of NEET- PG ADMIT CARD, RANK and SCORE CARD		
11	NOC from present employer stating that applicant will be relieved/deputed immediately if selected for PG Course.		
12	Certificate of Permanent Registration with Medical Council of India/State Medical Council		
13	Provisional Eligibility Certificate from Goa University (for applicants other than Goa University) and NBE screening Test Result for Indian National with Foreign Medical qualification.		
14	Certificate for reserved category claimed viz. SC, ST, OBC, PwD etc.		
15	Copy of Aadhaar Card		
16			
17			
18			
19			
20			
ADDITIONAL DOCUMENTS			