



**e-Test Series for PRE-PG(MD/MS)**

[ Academic Session 2010-2011 ]

**APPLICATION FORM**

e-TEST SERIES

**Important Instructions :**

1. All the information is required
2. Please mention a working e-mail, because we will send the user name & password at the given e-mail address.
3. This user name & password will be used to login into the download section to download the Test Papers & Solutions as per the given Schedule.

Candidate's Name : Dr.

Father's / Husband's Name :

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Gender (Tick) :

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

Category (Tick) :

GEN	SC	ST	EX	PH	OBC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-Service (Tick) :

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ District : \_\_\_\_\_ State : \_\_\_\_\_

Pin Code : \_\_\_\_\_ STD Code : \_\_\_\_\_ Phone : \_\_\_\_\_

Mobile No. :

Alternative Mobile No. :

E-Mail

**DEMAND DRAFT DETAILS**

No.: \_\_\_\_\_ Dated : \_\_\_\_\_ Bank : \_\_\_\_\_

Amount(in Rs.) : \_\_\_\_\_ Amount (in Words) : \_\_\_\_\_

Present Status of MBBS (Tick) :

1st Prof	2nd Prof	3rd Prof	Pre-Final	Final	Interns	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Details [Year of selection in MBBS]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of MEDICAL College :

Are You ALLEN's Ex -Student

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes please complete the following information

Year of Registration in ALLEN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ALLEN Form No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**DECLARATION**

*I hereby declare,*

1. That I have read all the instructions provided on the website and I do agree to follow the instructions as applicable.
2. That I am seeking admission in my own interest and accord.
3. That all information furnished by me as in Application Form etc. is correct to the best of my knowledge.
4. That in case of my selection in PRE-PG Entrance Exams, the institute reserves the right to use my particulars and photograph for publicity.
5. All disputes are subject to Kota (Rajasthan) jurisdiction only.

Date

Signature of Candidate



**e-Test Series for PRE-PG (MD/MS)**  
(Academic Session 2010-11)

**Schedule for e-Test Series**

<b>Download Date</b>	<b>Test No.</b>	<b>Syllabus Covered</b>
28-03-2010	MINOR TEST - 1	PATHOLOGY
11-04-2010	MINOR TEST - 2	PHARMACOLOGY + FM
25-04-2010	MINOR TEST - 3	PSM
02-05-2010	MINOR TEST - 4	ANATOMY + PHYSIOLOGY
23-05-2010	MINOR TEST - 5	MICROBIOLOGY + BIOCHEMISTRY
13-06-2010	MINOR TEST - 6	SURGERY + ORTHOPEDIC
27-06-2010	MINOR TEST - 7	MEDICINE + PSYCHIATRY
11-07-2010	MINOR TEST - 8	OBSTETRIC + GYNAECOLOGY
25-07-2010	MINOR TEST - 9	EYE + ENT
08-08-2010	MINOR TEST - 10	SKIN + ANAESTHESIA + RADIOLOGY + PEDIATRICS
29-08-2010	MAJOR TEST - 1	FULL SYLLABUS
19-09-2010	MAJOR TEST - 2	FULL SYLLABUS
17-10-2010	MAJOR TEST - 3	FULL SYLLABUS
21-11-2010	MAJOR TEST - 4	FULL SYLLABUS
12-12-2010	MAJOR TEST - 5	FULL SYLLABUS