



# **C.U. SHAH MEDICAL COLLEGE**

**DUDHREJ ROAD, SURENDRANAGAR – 363001, GUJARAT**

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## **CUSMCET- 2010**

**ALL INDIA P.G. ENTRANCE TEST – 2010**

### **APPLICATION FORM**

**(For ADMISSION TO M.D. / M.S. COURSES)**

<b>Form No:</b>	<b>Dated:</b>	<b>Reg.No.:</b>
<b>Name of candidate: .....</b>		
<b>MERIT No: MQ / NRI :</b>		



# **CUSMCET- 2010**

## **ALL INDIA P.G. ENTRANCE TEST – 2010**

**For Office use only:**

<b>Form No.</b>	
<b>Date of submission of form</b>	
<b>Registration No.</b>	

### **DETAILS OF CANDIDATE:**

<b>Name of the candidate</b>	
<b>Qualifications</b>	
<b>Applied for: SUBJECT:</b> <b>COURSE : MD/MS</b> <b>QUOTA : NRI/MQ</b>	<b>CHOICE 1: 5.</b> <b>CHOICE 2: 6.</b> <b>CHOICE 3: 7.</b> <b>CHOICE 4:</b>
<b>ENTRANCE TEST SCORE</b>	<b>/ 400</b>
<b>MERIT No.</b>	<b>MQ / NRI : _____</b>

**Date:**

**Authorized signatory**





**CUSMCET- 2010**  
**ALL INDIA P.G. ENTRANCE TEST – 2010**  
**C.U. SHAH MEDICAL COLLEGE, SURENDRANAGAR**

**RECEIPT**  
**(INSTITUTION'S COPY)**

Application No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Name & address  
of the candidate: \_\_\_\_\_

Particulars of payment: **CASH/ Demand Draft**

If Demand draft:

Demand Draft No. \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

Issuing branch: \_\_\_\_\_

Amount Rs: \_\_\_\_\_

Received the amount of Rs \_\_\_\_\_ towards entrance test fee of CUSMCET-2010 as above in CASH / by DEAMAND DRAFT (As above)

Date: \_\_\_\_\_

Signature of Cashier with stamp

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**CUSMCET- 2010**  
**ALL INDIA P.G. ENTRANCE TEST – 2010**  
**C.U. SHAH MEDICAL COLLEGE, SURENDRANAGAR**

**RECEIPT**  
**(CANDIDATE'S COPY)**

Application No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Name & address  
of the candidate: \_\_\_\_\_

Particulars of payment: **CASH/ Demand Draft**

If Demand draft:

Demand Draft No. \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

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Amount Rs: \_\_\_\_\_

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Date: \_\_\_\_\_

Signature of Cashier with stamp

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**CUSMCET- 2010**  
**ALL INDIA P.G. ENTRANCE TEST – 2010**  
**C.U. SHAH MEDICAL COLLEGE, SURENDRANAGAR**  
**HALL TICKET**  
**(INSTITUTION'S COPY)**

<b>Application No:</b>	<b>Registration No.:</b>	<b>HALL TICKET No.</b>
<b>Name &amp; address of the candidate:</b>		
<b>Candidate's signature</b>	<b>Co-ordinator – CUSMCET-2010</b>	<b>Recent passport size Photograph</b>
	<b>Date</b>	<b>Stamp</b>



**CUSMCET- 2010**  
**ALL INDIA P.G. ENTRANCE TEST – 2010**  
**C.U. SHAH MEDICAL COLLEGE, SURENDRANAGAR**  
**HALL TICKET**  
**(CANDIDATE'S COPY)**

<b>Application No:</b>	<b>Registration No.:</b>	<b>HALL TICKET No.</b>
<b>Name &amp; address of the candidate:</b>		
<b>Candidate's signature</b>	<b>Co-ordinator – CUSMCET-2010</b>	<b>Recent passport size Photograph</b>
	<b>Date</b>	<b>Stamp</b>