



King George's Medical University, UP., Lucknow-226003 (INDIA)

किंग जार्ज चिकित्सा विश्वविद्यालय, उ०प्र०, लखनऊ -226003 (भारत)

EXAMINATION SECTION

परीक्षा अनुभाग

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Prof. Jyoti Chopra
Controller of Examinations

पत्रांक संख्या 139 / परीक्षा / सामान्य / 2024

दिनांक 12/04/24

अति-आवश्यक सूचना

पी०सी०पी०एन०डी०टी० "गर्भधारण पूर्व एवं प्रसव पूर्व निदान-तकनीक (लिंग चयन प्रतिशोध) छः मासिक पाठ्यक्रम हेतु मेडिकल कालेजों में संचालित अतिरिक्त 30 सीटों पर अध्ययनरत अभ्यर्थियों (अनुत्तीर्ण) की लिखित परीक्षा हेतु परीक्षा फार्म किंग जार्ज चिकित्सा विश्वविद्यालय की वेबसाइट www.kgmu.org से डाउनलोड करके निर्धारित परीक्षा शुल्क रूपये 4000/- मात्र खाता संख्या 50153543803, आई०एफ०एस०सी० कोड IDIB000K656, इक्जाम एवं इन्रोलमेन्ट खाता, इंडियन बैंक, के०जी०एम०सी० शाखा, लखनऊ में आर०टी०जी०एस०/एन०ई०एफ०टी० के माध्यम से जमा कराते हुये दिनांक 25 अप्रैल 2024 तक सम्बन्धित महाविद्यालय/संस्थान के माध्यम से परीक्षा फार्म एवं अर्हता सूची सहित अधोहस्ताक्षरी कार्यालय को उपलब्ध कराया जाए।


(प्रो० ज्योति चोपडा)
परीक्षा नियंत्रक

वितरण :-

1. महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, छठा तल, जवाहर भवन, लखनऊ।
2. अधिष्ठाता, चिकित्सा संकाय, किंग जार्ज चिकित्सा विश्वविद्यालय उ०प्र०, लखनऊ।
3. प्रधानाचार्य, मोती लाल नेहरू मेडिकल कालेज, प्रयागराज, जी०एस०वी०एम० मेडिकल कालेज, कानपुर, एस०एन० मेडिकल कालेज, आगरा एल०एल०आर०एम० मेडिकल कालेज, मेरठ एवं महारानी लक्ष्मीबाई मेडिकल कालेज, झांसी, बी०आर०डी० मेडिकल कालेज, गोरखपुर, जी०आई०एम०एस०, नोएडा, डा० राममनोहर लोहिया आर्युविज्ञान संस्थान, लखनऊ को इस आशय के साथ प्रेषित कि अपने महाविद्यालय में प्रशिक्षणाधीन अतिरिक्त (अनुत्तीर्ण) छात्र/छात्राओं को अपने स्तर से सूचित करें।
4. विभागाध्यक्ष, स्त्री एवं प्रसूति रोग विभाग एवं रेडियोडायग्नोसिस विभाग, किंग जार्ज चिकित्सा विश्वविद्यालय उ०प्र०, लखनऊ को इस आशय के साथ प्रेषित कि अपने विभाग में प्रशिक्षणाधीन छात्र/छात्राओं (अनुत्तीर्ण) को अपने स्तर से सूचित करने का कष्ट करें।
5. कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय उ०प्र०, लखनऊ।
6. संकाय प्रभारी, वेबसाइट, किंग जार्ज चिकित्सा विश्वविद्यालय उ०प्र०, लखनऊ को इस आशय के साथ प्रेषित कि उक्त सूचना विश्वविद्यालय वेबसाइट पर अपलोड कराने का कष्ट करें।

Date and Day	Time	Particular
04/05/2024 Saturday	10.00 AM – 1.00 PM	Gen. Pathology & Microbiology
06/05/2024 Monday	10.00 AM – 1.00 PM	Pharmacology & Dental Therapeutics
09/05/2024 Thursday	10.00 AM – 1.00 PM	Dental Materials
Theory Examination 04 th to 09 th May 2024		Practical Examination Within 15 days of theory Examination

Scheme for MDS 1st Year (Supple) Examination to be held in the Month of May 2024

Date and Day	Time	Particular
04/05/2024 Saturday	10.00 AM – 1.00 PM	Basic Sciences Paper
Theory Examination		04th May 2024

Scheme for DM/ M.Ch – (Supple.) Examination to be held in the Month of May 2024

Date and Day	Time	Particular	Paper
04/05/2024 Saturday	10.00 AM – 1.00 PM	DM/M.ch All Subject	Paper I
06/05/2024 Monday	10.00 AM – 1.00 PM	DM/M.ch All Subject	Paper II
09/05/2024 Thursday	10.00 AM – 1.00 PM	DM/M.ch All Subject	Paper III
13/05/2024 Monday	10.00 AM – 1.00 PM	DM/M.ch All Subject	Paper IV
Theory Examination 04 th to 13 th May 2024		Practical Examination Within 15 days of theory Examination	

Pre-Conception and Pre Natal Diagnostic Techniques (Prohibition of Sex Selection) Examination to be held in the Month of May -2024

Date and Day	Time	Particular
18 th May 2024 Saturday	10.00 AM – 12:00 Noon	Pre-Conception and Pre Natal Diagnostic Techniques (Prohibition of Sex Selection) “The Fundamentals in Abdomino -Pelvic Ultra sonography : Level One for MBBS doctors”
Theory Examination 18 th May 2024		Practical Examination Within 15 days of theory Examination

Scheme for MBBS 3rd Prof. Part – II (Supple.) Examination to be held in the Month of May/June 2024

Date and Day	Time	Particular
24/05/2024 Friday	10.00 AM – 1.00 PM	Medicine I
25/05/2024 Saturday	10.00 AM – 1.00 PM	Medicine II
27/05/2024 Monday	10.00 AM – 1.00 PM	Pediatrics
29/05/2024 Wednesday	10.00 AM – 1.00 PM	Surgery I
30/05/2024 Thursday	10.00 AM – 1.00 PM	Surgery II
03/06/2024 Monday	10.00 AM – 1.00 PM	Obst. & Gynecology I
04/06/2024 Tuesday	10.00 AM – 1.00 PM	Obst. & Gynecology II
Theory Examination 24 th May to 04 th June 2024		Practical Examination Within 10 days of theory Examination

**KING GEORGE MEDICAL UNIVERSITY UTTAR PRADESH
LUCKNOW, INDIA**

EXAMINATION CENTRE

FORM NO.

EXAMINATION ROLL NO.

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(Not to be filled by candidate)

ENROLLMENT NO.

Student Id No.

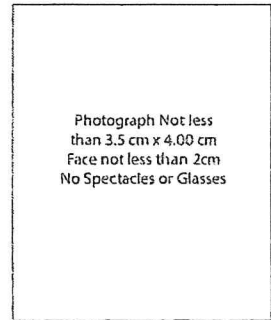
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(Year of admission if enrollment number not allotted)

Sir,
It is requested to kindly allow me to appear in the following subject of the university examination for the Year 20

(For Office Use)

1.	_____	ALLOWED/NSU	FRESH	PF
2.	_____	ALLOWED/NSU	FRESH	PF
3.	_____	ALLOWED/NSU	FRESH	PF
4.	_____	ALLOWED/NSU	FRESH	PF
5.	_____	ALLOWED/NSU	FRESH	PF
6.	_____	ALLOWED/NSU	FRESH	PF
7.	_____	ALLOWED/NSU	FRESH	PF
8.	_____	ALLOWED/NSU	FRESH	PF



1.	Name of Candidate (in Hindi)	_____
	Name of Candidate (in English)	_____
2.	Father's Name:	_____
3.	Husband's Name:	_____
4.	Mother's Name:	_____
5.	Permanent Address:	_____

Important: It is Mandatory to complete the item No. 6 overleaf.

Date: _____

Signature of Student

The photograph, signature and student records have been checked. The Student is allowed to appear in examination as indicated above.

Signature of Dealing Assistant

Dean/Authorised Signatory

6. Details of Previous University Examinations (Passed/Attempted)

In the result column mention P = Passed, F = Failed, NSU = Not Signed Up, A = Absent (if roll no. is issued) NA = Not applicable

Name of Examination	Month	Year	Roll No.	Subject	Result	Subject	Result	Subject	Result	Subject	Result	Subject	Result	Subject	Result

Note: 1. A Student cannot appear in the subsequent Professional Examination without passing
 All subjects of previous Professional Examination.
 2. Providing wrong information will attract disciplinary action.

Student's Signature

KING GEORGE MEDICAL UNIVERSITY UTTAR PRADESH LUCKNOW, INDIA

EXAMINATION CENTRE:

EXAMINATION ROLL NO.

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ENROLLMENT NO.

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Photograph Not less than 3.5 cm x 4.00 cm
Face not less than 2 cm
Not Spectacles or Glasses

1. Name of Candidate (In Hindi) _____

Name of Candidate (In English) _____

2. Father's Name _____

3. Mother's Name _____

4. Permanent Address: _____

Signature of Student

Is being permitted in the following subjects of the K.G. Medical University Examination

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Signature of Controller of Examinations
(With Seal)

Instructions for Candidates

1. Candidates will be allowed to enter the examination hall only on production of Admit Card.
2. No candidate will be allowed to enter the examination centre 30 minutes after the commencement of the examination. Candidate will be allowed to leave the examination hall only after 2 hours of the commencement of the examination.
3. Candidates shall sign the attendance sheet when directed to do so by the invigilator(s).
4. Candidates shall not be allowed to carry any textural material printed or written matter or bits of paper or any other material except the Admit card inside the examination hall. Papers, cellular phones, Bluetooth devices or any electronic scanning/transmission device are prohibited in the examination hall.
5. Candidates who indulge in any misdemeanor shall be deemed as misbehavior and the defaulting candidates shall forfeit the right to continue in the examination hall. The decision of the Chief Invigilator shall be final.
6. No Candidate should leave his/her seat in the examination hall without the permission of the invigilator until he/she finally submits the answer booklet to the invigilator.
7. Candidate shall not leave any identification mark anywhere in the answer book. If any candidate puts any type of identification mark on the answer book, then it will be considered as use of unfair means and suitable action will be taken as per rules.

To

The Head

Department of _____

This student is appearing in _____ Examination of

_____20 in the subject of _____ His/Her

photograph and signature are enclosed for verification at the time of Practical examination.

Roll No. _____ Enrollment No. _____

Student's Signature

Controller of Examination:

To

The Head

Department of _____

This student is appearing in _____ Examination of

_____20 in the subject of _____ His/Her

photograph and signature are enclosed for verification at the time of Practical examination.

Roll No. _____ Enrollment No. _____

Student's Signature

Controller of Examination:

Photograph Not less than 3.5 cm x 4.00 cm
Face not less than 2 cm.
No Spectacles of Glassess

Photograph Not less than 3.5 cm x 4.00 cm
Face not less than 2 cm.
No Spectacles of Glassess

