

Consent form for participation in online counseling for
DNB Medical Genetics- 2017 admission session

CONTACT DETAILS	
Name of Candidate	
Mobile Number	
Registered Email ID	
Google Hangout ID	
DETAILS OF TEST UNDERTAKEN	
Test Undertaken (CET-SS/ FET)	
Testing ID	
Merit in the Test Undertaken	
Merit in Medical Genetics	
QUALIFICATION DETAILS	
PG Degree (DNB/MD/MS)	
Name of the University	
Name of the College / Training Institute	
Number of Attempt at PG	
Marks scored in PG, if provided	
Number of attempt at MBBS	
MBBS Marks (Aggregate)	
Marks 3rd Prof (MBBS)	
Marks 2nd Prof (MBBS)	
Marks 1st Prof (MBBS)	
Any Additional Degree from Abroad (if yes please give details)	

Counseling for 2017 Admission session	
Whether you have opted for any DNB Seat in CET-SS/FET Counseling 2017 (YES or NO)	
Are you willing to participate in DNB Medical Genetics Counseling 2017? (YES or NO)	
If yes, please mark your order of preference for the DNB Medical Genetics Seat	
Institute for DNB Medical Genetics	Order of Preference (1st, 2nd and 3rd preference)
SIR GANGARAM HOSPITAL, NEW DELHI	
CENTRE FOR DNA FINGERPRINTING & DIAGNOSTICS, HYDERABAD	
NATIONAL INSTITUTE OF BIOMEDICAL GENOMICS, KALYANI, WEST BENGAL	

Please note that:

1. Any candidate who has opted for a DNB Super Specialty/ Fellowship Seat in 1st round of DNB CET SS/ FET counseling for 2017 admission session, his/her allotment of the said seat shall stand automatically cancelled in case the candidate chooses to opt for a confirmed DNB Medical Genetics seat.
2. Any candidate who has opted out of 1st round of DNB CET SS/ FET counseling for 2017 admission session shall not be eligible to participate in any further rounds of DNB CET SS/ FET counseling in case the candidate chooses to opt for a confirmed DNB Medical Genetics seat.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my candidature for the DNB Medical Genetics admission shall stand cancelled. I have read and understood the above mentioned admission process and I agree to comply with the same.

Date:

(Signature)

Place:

(Full name in Capital letters)