

# Indira Gandhi Medical College & Research Institute

(Government of Puducherry Institution functioning under Perunthalaivar Kamaraj Medical College Society)  
I Floor, College Block, Vazhudavur Road, Kathirkamam, Puducherry – 605 009  
Ph:0413-2277545 Email: puducherrymedicalcollege@gmail.com

No.261(A)/IGMC&RI/Acad./FMG/2022/ 1201

Date: 21 APR 2022

## NOTICE

Applications are invited from the Foreign Medical Graduates (FMG) to undergo One year internship training at Indira Gandhi Medical College & Research Institute, Puducherry. The last date for submission of application (Hard copy with DD) is 5<sup>th</sup> May 2022.

### Note:

1. Total number of seats for FMG internship available is 13.
2. The selection of FMG graduates for internship will be based on merit (NBE Screening Test Marks).
3. First preference will be given to FMG who are native of Puducherry.
4. Filled in application along with a DD for Rs.5,000/- as application & processing fee drawn infavour of "The Director, IGMC&RI, Puducherry", payable at Puducherry (Non-refundable amount) has to be sent Dean, IGMC&RI, Puducherry.
5. If selected for internship, the candidate shall have to pay Caution Deposit of Rs.1,00,000/- (refundable at the end of internship program).
6. The individual is eligible to commence his internship after getting the approval of TNMC.

  
DEAN i/c

**Enclosure:** Application Form

5. Conduct certificate from Institution Last studied
6. DD for Rs.5,000/- as processing fee in the name of The Director, IGMC&RI, Puducherry, Payable at Puducherry. (Non-refundable irrespective of permission granted or otherwise)
7. Copy of Passport and Aadhaar Card
8. Copy of Residence / Nativity / Community Certificate

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## APPLICATION FOR PERMISSION TO UNDERGO CRR1 TRAINING

(Foreign Medical Graduates / Candidates other than IGMC&RI)

Affix recent  
passport size  
photo

1. Name of applicant : .....
  2. Sex : .....
  3. Date of Birth : .....
  4. Age : .....
  5. Father's Name : .....
  6. Present Address : .....
  7. Permanent Address : .....
  8. Contact : .....
  - Email id. : .....
  - Mobile No. : .....
  - Land Line No. : .....
  10. Aadhaar Card No. : .....
  11. Category : .....
  12. Nationality : .....
  13. Nativity / Residence Certificate : .....
  14. Qualification & Name of Degree : .....
  15. Name of Institution last studied : .....
  16. Year of passing the Degree : .....
  17. Date of Acquiring Foreign Medical Degree/Primary education : .....
  18. Date of joining foreign institution for Medical education : .....
  - a) Marks obtained in NMC screening Test : .....
  - b) Month and year of screening test : .....
  19. Name of Medical Council registered : .....
  20. Period of CRR1 training required : .....
  21. Enclosed DD No./Date/Bank Name : .....
  22. Reasons for undergoing CRR1 Training at this Institute : .....
- Date: \_\_\_\_\_
- Place: \_\_\_\_\_
- Signature of Candidate
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- Copies to be enclosed:**
1. MBBS or equivalent Pass Certificate (Provisional/Pass Certificate)
  2. State Council Registration Certificate
  3. NOC from the Institution/Hospital last studied
  4. NMC Screening test result and Eligibility Certificate
  5. Conduct certificate from Institution Last studied
  6. DD for **Rs.5,000/-** as processing fee in the name of **The Director, IGMC&RI, Puducherry, Payable at Puducherry.** (Non-refundable irrespective of permission granted or otherwise)
  7. Copy of Passport and Aadhaar Card
  8. Copy of Residence / Nativity / Community Certificate