



RAJIV GANDHI UNIVERSITY OF SCIENCE AND TECHNOLOGY

Application Form

Program Regular / Transfer 5 & Half Years MD (includes Pre Med)
 4 years MD MD/MS
Semester Applied for January May September

1. Personal Information

First Name

Middle Name

Last Name

Other Name (Maiden/Nickname)

Date of Birth

Place of Birth

City

State

Country

Country of Citizenship

Sex

Male Female

SSN/National Identification

Current Mailing Address

City

State/Province

Postal Code

Country

Postal Address

City

State/Province

Postal Code

Country

Home Phone

Work or Day Phone

Mobile Phone

Fax No

Email

Marital Status

Spouse's Name

Occupation

In the event of an Emergency, please contact

Name

Relationship

Address

City

State/Province

Postal Code

Country

Contact Phone

Email

Specific Undergraduate/ Graduate Courses Completed (Prerequisites/ Transfer Credits)

List all colleges/ Universities Attended	Dates	Course Title	Credit Hours	Grade

Clinical Rotations (Transfer Students)

Rotation	Hospital/ University	Location	Dates	Grade	Preceptor

List any scholarships, awards, distinctions, or special academic achievements

3. FINANCIAL INFORMATION

How do you Plan to pay for your education at RGUST:

Personal Savings %

Private Loans %

Family Support %

Federal Loans %

Scholarship / Bursary %

4. ACTIVITIES AND EMPLOMENT INFORMATION

The Admissions Committee requires a Chronological List of the Applications employment history since graduation for High School. Please List a Summary of all College, Community and Employment activities in which you participated, a brief description of the duties, and any elective or honorary positions held. If space is not sufficient please list on separate sheet.

Employer Name	Location	Dates	Position Held	Job/Duties description

5. MEDICAL INFORMATION

- Do you have any physical disabilities? Yes No
- Have you any medical condition or learning disability that may require special attention during medical school? Yes No
- Are you taking any form of medication prescribed by a Physician? Yes No

6. SUPPLEMENTAL INFORMATION

If you answered "Yes" to any of the following questions, please submit a full statement of relevant facts for all incidents along with your application. You may be required to furnish copies of all official documents explaining the final disposition of the proceedings.

Have you ever matriculated at or attended any medical school as a candidate for the M.D. Program: Yes No

Were you every the recipient of any action by any college or medical school for:

1. Unacceptable academic performance? (e.g. dismissal, disqualification, suspension, probation, etc.), or

2. Conduct Violations? Yes No

Were you ever a party in a civil lawsuit? Yes No

Have you ever been convicted of, or charged with, a felony or misdemeanour? Yes No

7. LETTERS OF RECOMMENDATION

Please provide the name, employment position, address, and phone number of the person who will be forwarding official letters of recommendation from your pre-medical course professors. These letters must be on original letter head stationery and sent directly from the person Rajiv Gandhi university of science and technology or sent along with your application.

Note: If you have attended another medical school, a letter from the Dean's office, Medical Faculty, must also be included.

1.	Profession/ Faculty	<input type="text"/>
	Member Position	<input type="text"/>
	College/ University	<input type="text"/>
	Address:	<input type="text"/>
	Work Phone	<input type="text"/>
	Email	<input type="text"/>
2.	Profession/ Faculty	<input type="text"/>
	Member Position	<input type="text"/>
	Address:	<input type="text"/>
	Work Phone	<input type="text"/>
	Email	<input type="text"/>
