

**REGISTRATION FORM FOR AWARD OF DISTINCTION IN DIABETOLOGY EXAMINATION**

**CANDIDATE NAME:**

**NAME OF POST GRADUATION COURSE:**

**YEAR INTO POST GRADUATION COURSE:**

**NAME OF PRESENT INSTITUTE:**

**MCI/MMC REGISTRATION NO:**

**DATE OF BIRTH:**

**MOBILE NUMBER:**

**E-MAIL ADDRESS:**

*Affix Passport size  
photo here*

Signature of Candidate

This is to certify that Dr. \_\_\_\_\_ is a bonafide student of  
this Institute and has completed \_\_\_\_\_ number of posts in Diabetology & allied subjects.

Signature of Dean of Institute

Signature of HOD