Important Dates and Notices

1. Written Examinations:

<table>
<thead>
<tr>
<th>No.</th>
<th>Residency Program</th>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dentistry</td>
<td>Sunday, 17 Jan. 2016</td>
<td>08:30 am</td>
<td>KIMS (9th floor)</td>
</tr>
<tr>
<td>2.</td>
<td>Family Medicine</td>
<td>Sunday, 17 Jan. 2016</td>
<td>11:00 am</td>
<td>KIMS (9th floor)</td>
</tr>
<tr>
<td>3.</td>
<td>Internal Medicine</td>
<td>Monday, 18 Jan. 2016</td>
<td>08:30 am</td>
<td>KIMS (9th floor)</td>
</tr>
<tr>
<td>4.</td>
<td>Orthopedic Surgery</td>
<td>Monday, 18 Jan. 2016</td>
<td>11:00 am</td>
<td>KIMS (9th floor)</td>
</tr>
</tbody>
</table>

2. Interviews:
   - Interviews for all programs will be held on: 24 – 26 January 2016.
   - Applicants should arrive at KIMS between 20 - 21 January 2016 (KIMS 9th floor; Postgraduate Office) during working hours to confirm the date, time and venue of the interview.
   - Details of written examinations/ Interviews will NOT be given out via telephone call.
   - It is the responsibility of the applicants to verify for the date, time and venue of the interview.
   - KIMS will not be responsible in case of examination or interview NO SHOW.

3. Option (2):

   **On availability of vacancies:**
   - **Written Examinations** will be held on: 2 February 2016 (for selected program).
   - **Interviews** will be held on: 7-8 February 2016.
   - SMS will be sent to applicants who are eligible for option (2) specifying the time, date and venue of the interview.
4. Results:
   - SMS will be sent to all the applicants notifying them of their acceptance or rejection.
   - Kindly **DO NOT** disturb KIMS Postgraduate office or program director for results.

5. For further information, visit the KIMS Postgraduate Office website at:
   http://kims.vdiscovery.org/pge/

6. Consent:

   I hereby certify that the provided information is complete and accurate. I acknowledge and abide to the admission terms and conditions written in this document.

   Applicant’s Name: ____________________________________________________________
   Signature: _________________________________________________________________
   Date: ______________________________________________________________________

FOR POSTGRADUATE OFFICE USE ONLY:

   Received by: __________________________________________________________________
   Signature: ____________________________________________________________________
   Date: ________________________________________________________________________