

Ref.: CPS/Admin/ 6235 /2025 Date: 22/02/2025

# NOTICE Examination March / April 2025 Session

Candidates who have undergone training for CPS Diploma/Fellowship courses at any of the College of Physicians and Surgeons of Mumbai accredited institution after having registered with CPS and are completing their prescribed training as per the date of joining at the allotted Institution (36 months for fellowship and 24 months for diploma) as a CPS Diploma/Fellowship trainee by **31**<sup>st</sup> **May 2025** on submission of certificate to this effect, can undertake the CPS Diploma/Fellowship Final Examination for March/April 2025 session in their respective subject

Submission of Final Post Completion Certificate for CPS Diploma/Fellowship trainees is an essential pre-requisite. Candidates who have completed their CPS Diploma/Fellowship training while applying for CPS Diploma/Fellowship Final Examination shall be required to submit Final Post Completion Certificate (FPCC) as per prescribed format with the application form. In case the candidate does not submit the Final Post Completion certificate along with the application form, his/her application will be rejected and fees forfeited.

Request for extension in cutoff date for completion of training for the purpose of eligibility determination for CPS Diploma/Fellowship final Examination shall not be considered.

Candidates whose CPS Diploma/Fellowship training is ongoing while applying for Final Examination shall be required to submit Provisional Final Post Completion Certificate (FPCC) as per prescribed format. The Provisional FPCC must confirm that the candidate would be able to complete his/her training by the prescribed cut-off date, after taking into consideration all leaves taken visa-vis the maximum permissible leaves as per CPS leave rules and the required period of extension, if any. Such candidates are required to submit Final Post Completion Certificate (FPCC) as per prescribed format immediately on completion of their training. The result of such students will be withheld till the submission of Final Post Completion Certificate.

For College of Physicians and Surgeons of Mumbai.

Dr. Ravi Bangadkar

En Bangodlar

Dy, Secertary

### Annexure VI

<On Institution Letter Head>

### POST HOLDING CERTIFICATE (Neatly Typed)

Ref. no.:			Date:			
College of P	ry / Registrar <b>hysicians &amp; Surgeons of</b> Dr. E. Borges Road, bai - 400012	Mumbai				
	<u>P</u>	OST HOLDING CERTIFIC	CATE			
This is to ce	(Doctors name)					
is working in	is working in					
as Resident	(Subject name)					
as follows:						
Post	Period		Unit Head	Department		
No.	From	То	ome nead	Department.		
		ompletion of tenure of the	aforesaid posts. e in the list of joined candidates da	ated		
Signature o	Signatur	e of Institute Head				
along with stamp/seal along			along wi	ith stamp/seal		

Note: - Separate Certificate should be given for each part.

#### **Annexure VIII**

<On Institution Letter Head>

### PROVISIONAL FINAL POST COMPLETION CERTIFICATE (Neatly Typed)

Ref. no.:

Date: <>						
	·	Mumbai				
	<u>PR</u>	OVISIONAL FINAL POST	COMPLETION CERTIFICATE	<u>.</u>		
This is to ce	rtify that Dr			(doctor's name)		
has started his (First/Second/Third/Fourth) post on and shall complete the						
post on			as resident house office	er in		
(subject na	me) Under Dr	(faculty	name) at the			
			(institution name)			
Post	Period		I I with I I and	Down and the same		
No.	From	То	Unit Head	Department		
During his po	sting his work and atten	dance was				
Signature of				ture of Institute Head		

Note:- This Certificate should be given to the students who will be conditionally permitted to appear for the respective exam session (Mar/Apr session and Sep/Oct session) and will be completing their final post on or before 31st May and 30th November respectively.

#### **Annexure VII**

<On Institution Letter Head>

## POST COMPLETION CERTIFICATE (Neatly Typed)

Ref. no.:				
Date: <>				
To The Secretary College of Phy CPS House Dr. E. Borges I Parel, Mumba	sicians & Surgeons of N Road,	1umbai		
	POS	T COMPLETION CERTIF	ICATE	
This is to certi	fy that Dr			(doctor's name)
post on			as resident house office	er in
(subject name	e) Under Dr	(faculty	name) at the	
			· ·	
Post	Period			
No.	From	То	Unit Head	Department
				·
Domina kina na		dan an oraș		
During his pos	sting his work and atten	dance was		
Signature of L	Jnit Head		Sign	ature of Institute Head

Note: - Certificate should be given for each post after completion of the post.