

Narayana Superspeciality Hospital , Narayana Multispeciality Hospital

AND



Society for Emergency Medicine, India

APPLICATION FORM

YEAR 2016

(PLEASE FOLLOW THE GUIDELINES FOR FILLING IN THE APPLICATION)

Name of the course

MASTERS IN EMERGENCY MEDICINE

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1). Name (in block letters as entered in qualifying examination)


2). Name of father / guardian / husband


3). Date of Birth

D	D	M	M	Y	Y	Y	Y

4) Sex

M	F

5). Nationality

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6). State of Domicile

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7). Name of the qualifying examination passed / appeared and the year of passing / appearing

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8). Details of examination appeared / passed

Examination	Name of the school/ college & place	Board / University	Subjects of Examination	Years of passing	% of marks	No. of attempts
MBBS						
Additional qualification, if any						

9). Address for communication (in capital letters)

Telephone & Mobile No. & Email ID

**Declaration**

I hereby declare that the particulars given in this application form are correct. In the event, any information furnished by me is found to be false or incorrect before or after the test/ interview, the authority conducting the test / interview can cancel my candidature, selection or admission as the case may be.

Signature of the candidate

Place:

Date:

**Enclosures to be attached:** Photocopies of:

- a) MBBS Certificate
- b) Internship Completion Certificate
- c) State / MCI Registration Certificate
- d) Experience Certificate, if any
- e) Proof of DOB
- f) Proof of residential address
- g) PAN Card

# 120/1, Andul Road, Near Nabanna. Howrah - 711103

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