|  |
| --- |
| **Form No.** |

 

**RAJAGIRI HOSPITAL**

**Chunangamvely, Aluva-683112**

**Ph. No. 0484 – 718 4000/ 718 4002/ 718 4005, E-mail: academic.coord@rajagirihospital.com**

 (To be filled in the applicant’s own handwriting)

**Application for admission to CCT – EM (SEMI) & MRCEM (UK)**

|  |
| --- |
| Please attach recent Passport size Photograph (Self Attested) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Name in full

(Block Letters)

|  |
| --- |
|  |
| Pin Code : |  |  |  |  |  |  |
| E-mail ID :  |

1. Address for communication

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

1. Date of Birth (DDMMYYYY) 4. Gender : Male ( ) Female ( )

|  |
| --- |
|  |

5. Religion (Mention Community)

|  |
| --- |
|  |

6. Name of parish if the candidate is a Christian

|  |  |
| --- | --- |
|  Mob: |  Res : |

7. Telephone No. Candidate

|  |  |
| --- | --- |
|  Mob: |  Res : |

 Parent/ Guardian

|  |
| --- |
|  |

8. Name, Address & Occupation

 of Father or Guardian

|  |
| --- |
|  |

9. Annual family income

|  |
| --- |
|  |

10. Educational Qualifications of the candidate

|  |
| --- |
|  |

11. Name of College / University & Year of Passing

|  |
| --- |
|  |

12. Council Name & Registration Number

|  |
| --- |
|  |

13. Blood Group

|  |
| --- |
|  |

14. Nationality

|  |
| --- |
|  |

15. PAN Number

|  |
| --- |
|  |

 16. Additional Qualifications if any

|  |
| --- |
|  |

* Computer Skills

|  |
| --- |
|  |

17. Previous experience, if any

 (specify your designation, name and address of employer & duration of work there)

|  |
| --- |
|  |

 18. Present employment if any

 (specify your designation, name and address of employer & duration of work there)

|  |
| --- |
|  |

19. Extracurricular activities

 (Religious, Social and Sports & Games)

 (Attach separate sheet if needed)

 Enclosures

1. Self-Attested copy of Mark Sheet and MBBS Certificate.

2. Self -Attested copy of TCMC Registration

3. Self -Attested copy of Birth Certificate.

4. Conduct/Character certificate from the Head of the Institution where the candidate last studied.

5. Self –Attested copy of experience certificate, if applicable.

6. Recent passport size photographs

Declaration

 I…………………………………………..Son/Daughter of …………………………………hereby assure that the particulars given in this form are true to the best of my knowledge. I promise to abide by the rules & regulations of Rajagiri Hospital if admitted for the course.

Signature of student

Place: Date :

 *\*****Incomplete applications are liable to be rejected.***