Form No.



RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 – 29 05 000 | 66 55 000 / 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)

 Name in full (Block Letters) 		Please attach recent Passport size Photograph (Self Attested)
2. Address for communication		
	Pin Code :	
	E-mail ID :	
3. Date of Birth (DDMMYYYY)	4. 0	Gender : Male () Female ()
5. Religion (Mention Community)		
 Name of parish if the candidate is a Christian 		
7. Telephone No. Candidate	Mob:	Res :
Parent/ Guardian	Mob:	Res :
8. Name, Address & Occupation		
of Father or Guardian		
9. Annual family income		
10. Educational Qualifications of the candidate		
 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.....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.