

INTERNAL MEDICINE TRAINING (IMT)

JOINING APPLICATION FORM

Please attach
recent Passport
size Photograph
(Self Attested)

Please ensure that all details submitted are correct. Your Joining will be subject to verification of details given by you at Rajagiri Hospital.

Personal Details

First Name	Middle Name	Last Name
<hr/>	<hr/>	<hr/>
Landline (with STD code)	Mobile	Emergency Contact/ Local Guardian /Name/Number/Relationship
<hr/>	<hr/>	<hr/>
Email ID	Nationality	Marital Status
<hr/>	<hr/>	<hr/>
Gender	Date of Birth	Place of Birth
<hr/>	<hr/>	<hr/>
Passport Number	PAN Card	Aadhar UID Number
<hr/>	<hr/>	<hr/>

Residential Address

	Current Address	Permanent Address
House Name/Number	<hr/>	<hr/>
City/Taluk/District	<hr/>	<hr/>
State	<hr/>	<hr/>
Pin Code	<hr/>	<hr/>
Phone Number	<hr/>	<hr/>

Educational Details

Qualification	Name & Address of School/College	Affiliation of Board/University/Institute	Degree & Discipline	Year of Passing		Marks (%) CPGA, CLASS
Diploma/ Graduation						
Post- Graduation						
Any Other Prof Qualification						

MBBS

Name & Address of Medical College:
Year of award of MBBS:
Registration number of National Medical Commission or State Medical Council:
NEET RANKING (If Available):

References (Two required)

CLINICAL REFEREE:

(He/ She should be a medical practitioner who can comment on the clinical skills of the candidate and has worked with him/her for a minimum of three months.)

NAME AND DESIGNATION	CONTACT DETAILS
1.	
2.	

ACADEMIC REFEREE:

(Must be from the candidate's medical college at or above the level of a lecturer. The referee should be a person who knows the candidate for a period of at least one year and ideally should be aware of the performance of the candidate during all years spent in the medical college.)

NAME AND DESIGNATION	CONTACT DETAILS
1.	
2.	

Career History *(Please specify career moves with the same employer in separate rows)*

Name of Employer	Location	Period of Employment (DD/MM/YYYY)	Designation & Department	Reason for Resignation
Total Years of Experience			Reasons for breaks in employment history (If any)	

Family Details

	Full Name	Date of Birth (DD/MM/YYYY)	Occupation
Mother			
Father			
Spouse			
Child-1 (M/F)			
Child-2 (M/F)			
Others			

Language Proficiency

Language 1		Language 2		Language 3	
Write <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Read <input type="checkbox"/>
Speak <input type="checkbox"/>	Mother Tongue <input type="checkbox"/>	Speak <input type="checkbox"/>	Mother Tongue <input type="checkbox"/>	Speak <input type="checkbox"/>	Mother Tongue <input type="checkbox"/>

Do you have any medical conditions that might impede your effective working in the role applied for at Rajagiri Hospital? Yes ☐ No ☐

If yes, please share details

Vision Correction: Left Right

Are you bound by any bonds/ legal contracts with your current employer? Yes ☐ No ☐

Do you have any continuing obligation to current or former employers? Yes ☐ No ☐

Do you have any legal cases/ pending litigations / legal issues related to violation of any clauses of your previous employers' Employment agreement? Yes ☐ No ☐

Have you ever been convicted by any court of law in India? Yes ☐ No ☐

If yes, please share details

Competence (Tick the box)

MRCP Part 1 Yes ☐ No ☐

DNB/ MD General Medicine Yes ☐ No ☐

Minimum 2 years working experience in General Medicine. Yes ☐ No ☐

Acknowledgement

I hereby certify that the statements made in this application are valid and correct to the best of my knowledge. I understand that false or misleading information may result in rejection of application. I further confirm that I do not have any pending legal cases or a criminal background.

Signature Name (Block Letters) Date

Application Fee: Rs.2000/-

Remittance Details:

Account Name: Rajagiri Healthcare and Education Trust

Account Number: 0587053000003161

Bank Name: South Indian Bank

Bank Branch: Rajagiri Valley, Kakkanad

IFSC Code: SIBL0000587

Swift Code: SOININ55

Communication Address:

IMT Programme Administrator

Rajagiri Hospital, Chunangamvely, Aluva – 683112

Contact Details

Contact No: +91 7594 003 385

+91 484 290 5645

Email Id: rimt@rajagirihospital.com

Completed application with payment receipt may please be forwarded to above email id.

For more information, please visit Rajagiri Gold guide in the below link
<https://www.rajagirihospital.com/internal-medicine-training>