Application form

Masters in Emergency Medicine

1. Name (as appearing in MBBS Certificate)

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1. Father’s name/Husband’s name

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1. Permanent Address

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| State | |  |  |  |  |  |  |  |  |  |  |  | Pincode | |  |  |  |  |  |  |

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4. Date of Birth

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5. Permanent Registration Number

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6. Council

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7 Phone (Mob)

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8 Phone (Res)

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9 .Email ID

10. Qualification details

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| Degree | University | State | Month & Year | % of marks obtained | No. of attempts |
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11. Any work experience

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12. Period of internship to

13. Address for communication

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| State | |  |  |  |  |  |  |  |  |  |  |  | Pincode | |  |  |  |  |  |  |

14. List of Enclosures: (All photocopied documents must be self-attested)

MBBS degree certificate

Internship completion certificate

Permanent registration certificate

NB: All originals should be presented at the time of interview for verification

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| Declaration |
| I have read the rules and regulations of MEM. GWU. USA mentioned in the prospectus and shall abide by them. The particulars given in application form are true and accurate to the best of my knowledge and belief. The documents submitted as evidence of above mentioned facts are self-attested photocopy of original documents.  I understand that I am liable to be disqualified from MEM course in case if any information / documents supplied by me are found to be false.    ( Signature of the candidate) |