

APPLICATION FORM

Personal Data

Name:

(first)

(Middle)

(Last)

Home Address:

Telephone (with country& local area code): _____

Email address (if available): _____

Qualification: _____

Year of Passing: _____

Name of University: _____

If studied Abroad, have you passed FMG screening exam: Yes / No
(If yes please attach the FMG clearance result along with the application)

MCI / State Medical council registration number:.....

Have you applied for this fellowship earlier / discontinued / rejected: yes / No
If yes, furnish details:

Professional experience:

Detail your experience placing the most recent first. Include final or current position.

From	To	Employer	Position

Current employer (Name of the Institution).....
.....

I have read the instruction manual for the students and I understand all the rules and regulations of this course and assure that I will comply with all of them. I also understand that this fellowship programme is under the purview of Society for Emergency Medicine, India (SEMI) only and not under purview of **Medical council in India or abroad.**

Signature of the candidate:
(Name & Date)

Approved by (Signature and stamp of the Head of the department):

Attach Detailed CV here:

For Official use only:

Application: Accepted / Rejected

Batch / Year of joining:.....

Entitled to take exam on or after:.....

Institution.....

Fee attached.....

Approving Authority (Signature with stamp):

President, SEMI:

Academic Coordinator/Joint Secretary:

Treasurer SEMI:

(Copy to executive Chairman / Academic Council Chairman / Secretary / Web master SEMI)