**Application Form**

**Masters in Emergency Medicine (MEM) / CCT-EM**

**Society for Emergency Medicine (Semi)**

# Instructions to applicants:

* Candidate for admission to MEM course shall be required to possess the following qualifications:
* MBBS degree with State council/MCI registration OR
* Foreign medical graduates registered with the medical council of India
* Please attach additional sheets if required for CV.
* The completed application should be mailed at the address given below

[academics@devadosshospitals.com](mailto:academics@devadosshospitals.com%20)

* Please go through the course details, rules and regulations clearly before filling the application form or Visit our website [www.semi.org.inf](http://www.semi.org.inf) or further clarification.
* Visit our website - [www.devadosshospitals.com/](http://www.devadosshospitals.com/)

**Personal Information**

**Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

**Home Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone (with country & local area code):** \_

**Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please attached Registration Copy)

**Have you applied for this MEM course earlier /discontinued/rejected:** Yes/No

**If yes, details:**

**Professional experience:**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **From** | **To** | **Employer** | **Position** |
|  |  |  |  |  |
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**Publications/Presentations:**

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**Currentemployer (Name of the Institution)**

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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 underst and that this MEM course is under the purview of Society for Emergency Medicine, India (SEMI) only and not under medical council in India or abroad.

**Signatureofthecandidate:**

Name:

Date:

(Attach the CV here)

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

**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):**