



SUNDARAM MEDICAL FOUNDATION - CHENNAI

**Application for admission to
MRCEM course (Emergency Medicine)**

Please affix
passport size
colour
photograph

Application No.: (Office use only)

1. Name
(As per Medical Registration.) :

2. Sex :

3. Date of Birth & Age :

4. Marital Status :

5. Address

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. with Code :	Telephone No. with Code:
Mobile number :	
Email id :	

6. Academic Record

Degree/Awards/Work shop	Month / Year	University
MBBS		

7. Work experience

Hospital	Period	Specialty / Department

8. Languages Known: _____ Mother tongue: _____

Languages	Speak	Read	Write

9. Conduct & Character Certification:
(Give Name and Address of 2 referees)

Name	Designation	Address / Contact info

10. Medical council registration details:

Medical council	Location (state / country)	Registration number / year

11. Undertaking:

I hereby declare, that the above particulars are true and correct to the best of my knowledge. I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations, will warrant my dismissal from the institution. Further I consent to undergo the course for its full duration. I undertake that I will not cause disrespect or loss of reputation by indulging in mal practices or immoral or illegal acts which amounts to dismissal from the institution.

Date

Signature of the Applicant:

Certificates to be enclosed:
(Xerox / scanned copies only)
(1) MBBS certificate
(2) Post-graduate degree certificate (If any)
(3) Medical registration certificate