**Application Form - Masters in Emergency Medicine (MEM)**

# 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@citizenshospitals.com](mailto:academics@citizenshospitals.com)

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

**Course Fee (to be paid to SEMI / per candidate)**

Course Fee (Non-refundable) - 20,000 /-INR per year (Total of 60,000/-INR for MEM course)

(Course Fee should be submitted as a Demand Draft (DD) only, drawn in favor of Society for Emergency Medicine, SEMI payable at Hyderabad along with the application form.)

**Personal Information**

**Name:**

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(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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**Current employer (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 understand 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.

**Signature of the candidate:**

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):**