**Application Form**

**Masters in Emergency Medicine (MEM)/Certificate of completion of training in Emergency Medicine (CCTEM)**

**(\*\*This course is not recognized by MCI\*\*)**

# 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
* The completed application should be mailed at the address given below

[academics@reneehospital.com](mailto:academics@reneehospital.com)

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

**Course Fee:**

Course Fee (Non-refundable) - 100,000 /-INR per year (Total of 300,000/-INR for MEM course).

**Stipend:**

Year 1 - Rs 30k per month

Year 2 - Rs 40 k per month

Year 3 - Rs 50 k per month

**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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**Enclosures:**

1. SSC Memo
2. Bonafide certificate from 6th to 12th standard
3. Consolidated Marks sheet of MBBS
4. Convocation/Degree of MBBS
5. MCI registration
6. Aadhar Card.

**Declaration**

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 of India or abroad.

**Signature of the candidate:**

Name:

Date:

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**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):**

**Executive Director Course Director**

**Directorate of Academics**

**Renee Hospital**