

DETAILS OF EXAMINATION PASSED

Examination passed	Name of University / Board / State	Year of Passing	Roll No.	Aggregate Marks	%	Subjects
1. Higher Secondary						
2. M.B.B.S.						
3. CET - NBE						
4. Primary - NBE						
5. P. G. Diploma						

1. Date of admission to the M.B.B.S. Course...
2. Duration of the course with internship..... year's..... months...
3. Date of passing the Final M.B.B.S. (university).....
4. Percentage of aggregate marks at the Final M.B.B.S. Examination.....
5. Date of completing your internship.....
6. Date of completing your House Job / 1st year Junior Residency (where applicable).....
7. Medals or Prizes obtained...

DETAILS OF MARKS OBTAINED DURING THE M.B.B.S. COURSE

(Passed in the year.....)

1st Prof. MBBS

Subject Studied and passed	Total Marks	Marks Obtained	Percentage	No. of attempts
Total				

(Passed in the year.....)

2nd Prof. MBBS

Subject Studied and passed	Total Marks	Marks Obtained	Percentage	No. of attempts
Total				

(Passed in the year.....)

Final Prof. MBBS (Part-I)

Subject Studied and passed	Total Marks	Marks Obtained	Percentage	No. of attempts
Total				

(Passed in the year.....)

Final Prof. MBBS (Part-II)

Subject Studied and passed	Total Marks	Marks Obtained	Percentage	No. of attempts
Total				

***DETAILS OF CMEs ATTENDED IN THE APPLIED SPECIALITY**

Subject	Title of CME / Conference*	Organized by	Date(s)		Duration (Days)	Remarks, if any
			From	To		

EXPERIENCE IN APPLIED SPECIALITY

Name of Hospital / Clinic / Institute	Department where worked	Organized by	Details of HOD			Remarks, if any
			Name	Specialty	Designation	

* Documentary Proof has to be furnished on demand.

**DETAILS OF COMPULSORY INTERNSHIP DONE IN THE DEPARTMENTS OF RECOGNISED
INSTITUTION / HOSPITAL**

Designation	Period of appointment		Months / Days	Institution
	From	To (date)		

**DETAILS OF HOUSE JOB / JUNIOR RESIDENCY IN DEPARTMENT OF RECOGNISED
INSTITUTION / HOSPITAL: (where applicable)**

Speciality / Discipline / Department	Name of the hospital	Designation	Period		Months/day	Total Period
			From	To (date)		

DETAILS OF WORK DONE OTHER THAN HOUSE JOB / JR. RESIDENCY (where applicable)

Designation	Period of Service		Department / Institution / Hospital etc.

From

Date

I hereby declare that:

- a. I have read the general instructions and rules and regulations in Bulletin of Information and shall abide by them.
- b. Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- c. The documents submitted as evidence of above facts are self attested photocopy of original documents.
- d. In case I fail to seek admission to the course applied for within the prescribed date my selection to the course will be treated as cancelled.
- e. I understand that in case any information provided by me is found to be incorrect / false I will be liable for cancellation of my admission to the course concerned.

Candidate's Name in Block Letters

Date: / / 2010

Signature of the Candidate
(Use only Blue / Black Ballpoint Pen)

Please enclose Xerox copies attested by a Gazetted Officer / Self attested, of the following documents with your application in the order given below:

- a. M.B.B.S. Degree
- b. Any PG diploma certificate (if applicable)
- c. Certificate of CET - NBE DNB Primary Exam
- d. M.B.B.S. detailed marks certificates (1st, 2nd & Final M.B.B.S.)
- e. Internship certificate from the Head of the Institution
- f. Certificate (s) of House Job done in Specialties / Department from the Head of the Institution with exact dates in each specialty. (Where applicable)
- g. Matriculation / Higher Secondary certificate showing date of birth.
- h. Employer's Certificate, if you are in service.
- i. Registration certificate with M.C.I. / State Medical Council
- j. Demand Draft of Rs. 500/-for each Specialty
- k. Two extra Passport size recent Photographs self attested on a sheet of Paper

RECEIPT

Artemis Health Institute
Sector - 51, Gurgaon – 122001 Haryana, India
Tel: +91 124 6767999; Fax: +91 124 6767701
www.artemishospital.in www.artemishealthsciences.com

Receipt no. _____ Date _____
Received with thanks a sum of Rs. _____ Rupees in words _____
Only from Mr. / Ms _____

Payment mode :

Cash : _____
Cheque/DD : _____ Cheque No. _____ Date _____ Drawn on _____

Received by

Verified By