



# MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai – 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Regn. No. <i>Office use only</i>		<b>APPLICATION FORM</b>	No. <i>Office Use Only</i>	
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**Please write in CAPITALS and complete all sections:**

## Section A: COURSE SELECTED

	COURSE NAME

Please affix your photograph here and sign below in the space provided

## Section B: Personal Information

	First Name	Middle Name	Last Name
Name :			

Gender	M	F	Date of Birth	D	D	M	M	Y	Y	Y	Y	Nationality	

Father's / Husband's Name	
Mother's Name	

## Registration Details:

Name of Registration Council	Regi. No	Date of Regi.	Date of Last Renewal	Valid Till
MBBS				
PG/PG Dip.				
Any Other				

**Section C: Contact Information**

Permanent Address
<p>City :</p> <p>State:</p> <p>Country:</p> <p>Pincode:</p>

Correspondence Address (if different)
<p>City :</p> <p>State:</p> <p>Country:</p> <p>Pincode:</p>

Mobile:

Landline:

Alternate Contact Details:

Email ID:

Alternate Email ID:

**Section D: Academic Qualification**

Academic Qualifications	Name of the Institute /College	University Affiliated	Year of Passing

**Section D1: Publications:**

Please list the publications in a separate sheet as an attachment to this Application Form

**Section D2: Experience in Critical Care (Emergency & ICU)**

Please list your experience in a separate sheet of paper

**Section E: Supporting Documents Check List (Please put a tick mark thus √)**

<input type="checkbox"/>	Nationality Certificate / Valid Passport	<input type="checkbox"/>	Passport Photographs
<input type="checkbox"/>	SSC passing certificate	<input type="checkbox"/>	Medical Fitness Certificate
<input type="checkbox"/>	MBBS Mark Sheets	<input type="checkbox"/>	Updated Curriculum Vitae
<input type="checkbox"/>	MBBS Degree Certificate	<input type="checkbox"/>	Names of two references
<input type="checkbox"/>	PG / PG Dip. Mark Sheets	<input type="checkbox"/>	Proof of ID
<input type="checkbox"/>	PG / PG Dip. Degree Certificate	<input type="checkbox"/>	Proof of Address
<input type="checkbox"/>	Registration Certificate (MCI/State)	<input type="checkbox"/>	

**Section F: Application Payment Details**

In favor of “MGM Institute of Health Sciences” payable at Mumbai	DD No.	Bank Name	Branch	Amount

**Section G: Declaration**

I hereby confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify MGM Institute of Health Sciences promptly if any information contained on this application form should change, in order to keep it true, current and complete.

I hereby declare that I shall be disciplined and shall adhere to all the rules and regulations of MGM Institute of Health Sciences. I have read and fully understood the terms and conditions and unconditionally accept them all as being binding on me.

I hereby undertake to pay all charges raised on account of services availed.

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_