

8. a) Landline No. 1 <i>(Hospital where working)</i>													
b) Landline No. 2 <i>(Home)</i>													
9. a) Email Address 1													
b) Email Address 2													

10. Name and address of Medical College from where MBBS course was completed	
11. Name and address of Medical College from where Internship was completed	
12. Year of MBBS course completion	
13. Date of completion of Internship (or likely date of completion)	
14. Year by year details of work experience following MBBS / Details of what you were doing after completion of internship	Year-1:
	Year-2:
	Year-3:
	Year-4:
	Year-5:

15. Name & Complete address of the Institution you are currently working with date of joining (Intimate us if there is a change)	Name : Date: Address:
16. Name of your Sponsoring Body for MBBS	
17. Hospital where you may be serving for your service obligation with date of joining	Name of hospital for service obligation : Date: Address:
18. Type of Institution <i>(Where you are working or likely to join soon)</i>	a) Tertiary Hospital <input type="checkbox"/> b) Secondary Hospital <input type="checkbox"/> c) Clinic /Primary Care Institution <input type="checkbox"/> d) Others <input type="checkbox"/> Please Explain _____

19. Ownership of the Institution <i>(Where you are working or likely to join soon)</i>	a) Mission Hospital <input type="checkbox"/> b) Voluntary <input type="checkbox"/> c) Govt. / Quasi Govt. <input type="checkbox"/> d) Private Sector <input type="checkbox"/> e) Others <input type="checkbox"/> Please Explain _____
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20. a) Do you have a 2 YEAR service obligation after internship? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Are you planning to pursue a PG course in the next 18 months? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Have you completed a PG course Yes <input type="checkbox"/> No <input type="checkbox"/>	
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21. How do you think this course will benefit you?(Attach extra sheets, if needed)

22. Will you be able to complete the 3 contact courses of 6 days each, work through the 27 course module and complete an appropriate project as part of the course requirements?

Yes No

I do hereby declare that the information given above is true to the best of my knowledge and belief.

Date:

Signature of the Applicant

Kindly submit the following with the application.

1. Eligibility certificate from MCI(if you have completed MBBS from other countries)
2. Photocopy of your MBBS degree certificate or Provisional certificate
3. Photocopy of your internship certificates
4. Photocopy of your TNMC Certificate
5. Demand Draft with the application fee of Rs. 250/-