

**ANANTHAPURI HOSPITALS & RESEARCH INSTITUTE
NH BYPASS, CHACKA, THIRUVANANTHAPURAM-695024**

**Application for admission to Masters in Emergency Medicine(MEM)
for the year 2016-2017**

Affix recent
passport size
photograph

1	Name of the Candidate (in block letters)	
2	Expansion of initials	
3	Age and Date of Birth (as entered in theSSLC)	
4	Sex and Marital status	
5	Nationality	
6	Blood group	
7	Educational Qualification and year of passing	
8	MCI Reg.No.	
9	Name of the Institution/University last studied	
10	Additional qualification if any, other extra Curricular activities and achievements	
11	Name of father and occupation with Phone No.	
12	Name of the mother and occupation with Phone No.	
13	Permanent& Present address.	
14	PAN No.	
15	Email id: & mobile number	

DECLARATION

I..... hereby declare that I have no physical or mental disabilities that disqualify me for admission and the documents produced in support there of are true to the best of my knowledge. I also declare that I will not involve in any activities related to ragging and if so, I am ready to accept any disciplinary action, charged on me by the authorities concerned.

Place.....

Signature.....

Date.....

Name.....

Note:-

Application form should be filled in by the candidate's own handwriting, self attested true copies of certificates as mentioned in the prospectus should be attached along with application.

for Office use only

Course Co-ordinator