

ESIC MEDICAL COLLEGE & HOSPITAL, BIHTA, PATNA Application Form for Enrolment as FMG Intern COMPULSORY ROTATING MEDICAL INTERNSHIP(CRMI)

(For Foreign Medical Graduates)

(Fill the Details in Block Letters) Personal Details	s only & all the fields are mandatory to fill)	[]
<ul> <li>Name of the Candidate (as per 10<sup>th</sup>):</li> </ul>		Affix Recent
Father's Name:		Passport Size Photo
Mother's Name:		FIIOLO
• Date of Birth (DD/MM/YYYY):		
Religion and Mother Tongue:		[
Contact Number: 1		
Student Aadhar Card Number:		
Father's Aadhar Card Number:		
Mother's Aadhar Card Number.		
• E-mail id:		
Blood group:		
PIN CODE:  Permanent Address :		
PIN CODE:		
The code.		
Qualification Details:           Name of Institute (Graduated From)		
Country		
Course Name		
Provisional Registration(BCMR) Number	Dated	
Foreign Medical Graduate Examination Screening	ng Test Passing Date	
Marks ObtainedOut of	Percentage	

Accommodation required: Yes/No

(Accommodation is subject to availability & may require necessary applicable fees which will be communicated later)

I ,hereby, solemnly and sincerely affirm that the statements made and information given by me in the application form are true and correct. I agree to abide by the Rules, Regulations and Procedures of this Institute as applicable with future amendments.

I have not concealed any material information. However, if any information submitted herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and to be removed from the one year rotating medical internship.

Signature of the Candidate

Date:

List of Xerox copy of original documents to be enclosed:

SI NO.	Description
1	10th Certificate
2	12 <sup>th</sup> Certificate
3	Eligibility Certificate (Medical Council of India/NMC,
	New Delhi)
4	Foreign Medical Graduates Marks Sheet
5	Foreign Medical Graduates Certificate
6	Foreign Medical Graduates Attempt Certificate
7	Foreign Medical Graduates NOC
8	Screening Test Pass Certificate & Score Card of Foreign
	Medical Graduate Examination (National Board of
	Examinations in Medical Sciences)
9	Certificate of Provisional Registration(BCMR)
10	Residential Certificate
11	Affidavit
12	Two Passport Size Photo
13	Aadhar Card
14	Address Proof(Voter Id/Aadhar Card)