



10. Details of Examination Passed (M.B.B.S. onwards)

Examination Passed	Subject	Medical	University	State	Month & Year	Result	No. Of Attempts

11. Correspondence Address:

Name:							
Address:							
Pin Code							

12. List of Enclousres: (All photocopied documents must be self attested)

- MBBS degree certificate
- Internship completion certificate
- Permanent registration certificate

### Declaration

I have read the rules and regulations of MEM (International), GWU, USA mentioned in the prospectus and shall abide by them. The particulars given in application form are true and accurate to the best of my knowledge and belief. The documents submitted as evidence of above facts are self attested photocopy of original documents.

I understand that I am liable to be disqualified from the MEM (International) course, in case of any information / document, supplied by me, are found to be false.

(Signature of the candidate)

**IMPORTANT NOTE:**

Photocopy of the filled up application form must be retained by the candidate for future use



**Send your application to:**

**Mr. Afzal Imran**

Program Manager, Emergency Department, Max Super Speciality Hospital (East Block)  
(A Unit of Devki Devi Foundation) 2, Press Enclave Road, New Delhi – 110017  
e-mail: Afzal.imran@maxhealthcare.com, Phone: +91 11 2651 5050 Extn. 2943, 2950