



Form No:

1. Affix your passport size photograph here (do not pin or staple)
2. The photograph to be affixed here **SHOULD NOT** be attested.

APPLICATION FORM –CORE MEDICAL TRAINING Post graduate program in Internal Medicine

Important Instructions:

- Please refer the web page before filling the form.
- Use Black/Blue Ball Point Pen only.
- Do not make any stray mark on the sheet.
- Please retain the photocopy of the filled application form for further reference.
- The application fee of INR 5000 can be paid by Demand Draft /Bank transfer
- Demand draft in favor of Max Healthcare Institute Ltd. payable at New Delhi

Please note the bank transfer details as mentioned below:

Particulars	Details
Company Name	Max Healthcare Institute Ltd.
Bank Name	Ratnakar Bank Limited
Account No.	1347420
Bank Address	Ground Floor, M-6, Hauz Khas, New Delhi- 110 016
IFSC Code	RATN0000141

1. Name(In full, as appearing in MBBS certificate)

2. Father's/ Husbands Name

3. Mother's Name

4. Date of Birth Date Month Year

5. Date of completion of Internship Date Month Year

6. Permanent Registration No.

7. Mobile No

8. Residence No

9. E-mail ID:

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

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NEET ROLL NUMBER

11. Correspondence Address:

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

- **MBBS degree certificate**
- **Internship completion certificate**
- **Permanent registration certificate**
- **A photocopy of the NEET roll number**
- **References.** You must provide contact details, including email addresses, of two referees who have supervised your clinical training during the last two years of your employment or undergraduate training. One referee must be your current or most recent consultant or educational supervisor familiar with your clinical development

Declaration

- . The particulars given in the 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 CMT 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:

Dr Pallavi Chawla at cmt@maxhealthcare.com
Max Institute of Medical Excellence
West Block, Basement 1
Max Super Specialty Hospital,Saket,New Delhi 110017