

MEMBER OF COLLEGE OF EMERGENCY MEDICINE (MCEM - UK)

**COACHING CLASSES
PRS HOSPITAL, TRIVANDRUM**

Application Form

Instructions to applicants:

• Candidate for admission to coaching of **Member of College of Emergency Medicine(MCEM)** shall be required to possess the following qualifications:

- (a) He/she must have a qualified MBBS Degree
 - (b) Obtained permanent registration certificate from any one of the State Medical Councils or Medical Council of India
 - (c) Foreign Medical Graduated should have cleared their FMG screening exam before enrolling into the course and have to submit their FMG screening exam result copy to the society as mentioned in the application.
 - (d) In order to sit for MCEM Part A exam, only a valid MBBS pass certificate is sufficient. However, for PART B & C two years of work experience after MBBS in emergency department is a pre-requisite.
- Please send application at least 1 month in advance. We have limited seats for these courses. **Last date for application is on 10th November 2014 and the coaching begins on 15th January 2015.**
 - An expected 30 coaching sessions, which are structured to address all the main topics for the examination, will be held each year along with 30 mock exams. Each MCEM examination part (A/B/C) will be covered by one set of 30 sessions each.
 - The completed application should be mailed at the address given below.
 - ✓ Dr. V. Prathapan, ER Superintendent, Dept of Emergency Medicine, PRS Hospital Pvt. Ltd, Killipalam, Trivandrum, 690002
 - Please go through the course details, rules and regulations clearly before filling the application form or Visit our website www.prshospital.com

Personal Data

Name:

(first)

(Middle)

(Last)

Home Address:

Telephone (with country & local area code): _____

Email address (if available): _____

Qualification: _____

Year of Passing: _____

Name of University: _____

If studied Abroad, have you passed FMG screening exam: Yes / No

(If yes please attach the FMG clearance result along with the application)

MCI / State Medical council registration number:.....

Have you applied for this fellowship earlier / discontinued / rejected: yes / No

If yes, furnish details:

Professional experience:

Detail your experience placing the most recent first. Include final or current position.

From	To	Employer	Position

Publications / Presentations:

Current employer (Name of the Institution).....
.....

I have read the instruction manual for the students and I understand all the rules and regulations of this course and assure that I will comply with all of them.

Signature of the candidate:

(Name & Date)

For Official use only:

Approved by (Signature and stamp of the Head of the department):

Application: Accepted / Rejected

Batch / Year of joining:.....

Institution.....

Fee attached.....

Approving Authority (Signature with stamp):