



Society for Emergency
Medicine India (SEMI)



CERTIFICATE OF COMPLETION OF TRAINING (CCT (EM))
BY SOCIETY FOR EMERGENCY MEDICINE INDIA (SEMI)
VADAMALAYAN HOSPITALS (P) LTD

INSTRUCTIONS TO APPLICANTS :

Candidate for enrollment to Masters in Emergency Medicine (MEM) / CCT-EM 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.

Kindly attach the **photocopy** of the required documents along with the duly filled Application form.

1. Four recent passport size photographs of the applicant.
2. Curriculum Vitae of the applicant.
3. M.B.B.S. Pass Certificate.
4. Internship Completion Certificate.
5. Medical Registration Certificate.
6. BLS, ACLS, PALS, ATLS certification if any.
7. Age And Address Proof Documentation (Aadhaar card / Driving license / Passport / PAN card).

- The completed application should be mailed / submitted / send through Post as per the instruction given in our website www.vadamalayan.org/Education/SEMI-MEM
 - Please go through the course details, rules and regulations clearly before filling the application form or Visit the website www.semi.org.in for further clarification.
- (Successful candidate list will be updated in SEMI website www.semi.org.in)

APPLICATION FORM

Name:

(First) (Middle) (Last)

Home Address:

Telephone (with country& local area code) : _____

Mobile : _____

Email address : _____

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: _____
(Please attached Registration Copy)

Have you applied for this MEM course earlier / discontinued / rejected: Yes / No

If yes, details: _____

Professional experience

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

Sl. No	From	To	Employer	Position

Publications / Presentations (If any):

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. I also understand that this MEM course is under the purview of Society for Emergency Medicine, India (SEMI) only and not under medical council in India or abroad.

Name :

Signature of the candidate

Date:

For official use only

Application: Accepted / Rejected

Batch / Year of joining: _____

Fee Details: _____

Approving Authority (Signature with stamp)