

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

(For Foreign Medical Graduates)

	ers only & all the fields are mandatory to fill)	
Personal Details		Affix Recent
• Name of the Candidate (asper10 th):		Passport Size
Father's Name:		Photo
Mother's Name:		
• Date of Birth (DD/MM/YYYY):	Gender (M/F):	
Religion and Mother Tongue:	Nationality:	<u> </u> j
Contact Number: 1	2	
Student Aadhar Card Number:		
Father's Aadhar Card Number:		
Mother's Aadhar Card Number.		
• E-mail id:		
Blood group:		
PINCODE: Permanent Address :		
PINCODE:		
Qualification Details: Name of Institute (Graduated From)		
	Country	
Course Name		
Provisional Registration (BCMR) Number	Dated	
Foreign Medical Graduate Examination Scree	ning Test Passing Date	
	Percentage	

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:

Listof Xeroxcopy of original documents to been closed:

SI NO.	Description
1	10th Certificate
2	12 th Certificate
3	EligibilityCertificate(MedicalCouncilofIndia/NMC, New
	Delhi)
4	ForeignMedicalGraduatesMarksSheet
5	ForeignMedicalGraduatesCertificate
6	ForeignMedicalGraduatesAttemptCertificate
7	ForeignMedicalGraduatesNOC
8	ScreeningTestPassCertificate&ScoreCardofForeign
	Medical Graduate Examination (National Board of
	Examinations in Medical Sciences)
9	CertificateofProvisionalRegistration(BCMR)
10	Residential Certificate
11	Affidavit
12	TwoPassportSizePhoto
13	AadharCard
14	AddressProof(VoterId/AadharCard)