



CERTIFICATE OF COMPLETION OF TRAINING (CCT (EM))
BY SOCIETY FOR EMERGENCY MEDICINE INDIA (SEMI)
PRS HOSPITAL, TRIVANDRUM

Application Form

Instructions to applicants:

• Candidate for admission to **CERTIFICATE OF COMPLETION OF TRAINING** 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.

The application forms should be accompanied with photocopies of the following documents:

1. Duly filled application form available in our website
2. 4 x passport size photographs
3. Curriculum Vitae
4. M.B.B.S. Pass Certificate
5. Internship Completion Certificate
6. Medical Registration Certificate
7. BLS, ACLS, PALS, ATLS certification if any
8. Age And Address Proof Documentation

- Please send application at least 1 month in advance. We have limited seats for these courses.
- Please attach additional sheets if required for CV.
- The completed application should be mailed at the address given above.
- Please go through the course details, rules and regulations clearly before filling the application form or Visit our website 'www.semi.org.in for further clarification.

(Successful candidate list will be updated in SEMI website www.semi.org.in)

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

Signature of the candidate:

(Name & Date)

Attach Detailed CV here:

For Official use only:

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

Application: Accepted / Rejected

Batch / Year of joining:.....

Entitled to take exam on or after:.....

Institution.....

Fee attached.....

Approving Authority (Signature with stamp):

Executive Chairman of the society:

President, SEMI:

Treasurer SEMI:

(Copy to executive Co chairman / Vice president / Secretary / Joint Secretary / Web master SEMI)