

**POONA HOSPITAL & RESEARCH CENTRE**  
**27, SADASHIV PETH, PUNE – 411 030**  
**Phone No: 66096000**

Passport  
sized  
Photograph

**APPLICATION FORM FOR DIPLOMA IN CRITICAL CARE MEDICINE /  
POST MBBS CERTIFICATE COURSE**

NAME: \_\_\_\_\_

FIRST MIDDLE  
SURNAME

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Permanent : \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_

Mobile.No. \_\_\_\_\_ E.mail. I.D. \_\_\_\_\_

**Educational Qualification:**

Qualification	College / University	No. of Attempts / Year	Percentage Obtained

MCI / MMC Registration No. -

Clinical Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF CANDIDATE

**\* Please read instructions on reverse**

## INSTRUCTIONS TO CANDIDATES

1. All entries must be made in block letters.
2. Forms with incomplete or incorrect information will be rejected without assigning any reason.
3. Completed forms (along with required Xerox copies of certificates) must reach the Institution before **30<sup>th</sup> January 2017**.
4. Documents must be attached in the following order –  
MBBS Degree Certificate  
MS / DNB Degree Certificate  
MMC / MCI registration Certificate (Current)

Poona Hospital & Research Centre  
27, Sadashiv Peth, Pune – 30.