

ELITE MISSION HOSPITAL

Thrissur, Kerala

APPLICATION FORM FOR DNB PLASTIC SURGERY

JANUARY 2011



"Sushrutha Institute of Plastic Reconstructive & Aesthetic Surgery"

ELITE MISSION HOSPITAL

Koorkkanchery, Thrissur

Kerala

Pincode : 680657

(PLEASE FOLLOW THE GUIDELINES FOR FILLING IN THE APPLICATION)

1). Name (in block letters as entered in qualifying examination)

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2). Name of the father / guardian / husband

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3). Date of Birth

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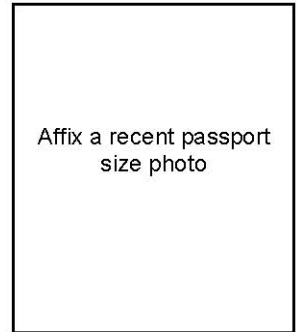
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4). Sex

M	F
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Affix a recent passport size photo



5). Nationality

6). State of Domicile

7). Name of the qualifying examination passed / appeared and the year of passing

8). Details of examination appeared / passed

Examination	Name of the school / college & place	Board / University	Subject of examination	Years of passing	% of marks	No. of Attempts
MBBS						
MS DNB Surgery						
Additional qualification if any						

Address for communication (capital letters)

DECLARATION:

I hereby declare that the particulars given in this application form are correct. In the event, any information furnished by me is found to be false or incorrect before or after the test / interview, the authority conducting the test/ interview can cancel my candidature, selection or admission as the case may be.

Place:
Date:

Signature of the candidate

DNB ADMISSION JANUARY 2011 GUIDELINES FOR FILLING IN THE APPLICATION &

COURSE DETAILS Please read the following instruction before filling up this form:

Use BALL POINT to write in boxes using English capital letters or numeral. Paste the photograph (recent passport size) within the box given. Do not staple the photograph. Incomplete applications will not be accepted. Application cost will not be refundable at any point.

DNB

NAME OF THE COURSE ELIGIBILITY DURATION COURSE COMMENCES

DNB Plastic	* MBBS + DNB primary CET	6 years	February
	* MS / DNB Surgery + DNB Primary CET	3 years	February

Posting the application form:

Please submit the completed application form by hand, registered/speed post or courier on or before last date with **DD of Rs. 500/-** drawn in favor of ELITE MISSION HOSPITAL payable at **THRISSUR** to the undersigned.

Dr. K.K. MOHANDAS, Medical Superintendent & Managing Partner

ELITE MISSION HOSPITAL Koorkkanchery Thrissur, Kerala, Pin - 680007

E-mail: info@elitemissionhospital.com, sushruthainstitute@gmail.com

Note:

The selection of candidates for all courses will be held at ELITE MISSION HOSPITAL, THRISSUR

No TA/DA will be permissible for appearing for the interview/selection.