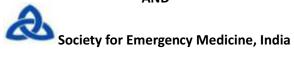


# Narayana Health

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### 9). Details of examination appeared / passed

Examination	Name of the school/ college & place	Board / University	Subjects of Examination	Years of passing	% of marks	No. of attempts
MBBS						
Additional qualification, if any						

l l	
10). Address for communication (in capital letters)	) Telephone & Mobile No. & Email ID
<u>Declaration</u>	
	this application form are correct. In the event, any information ect before or after the test/ interview, the authority conducting the ection or admission as the case may be.
Signature of the candidate	
Place:	
Date:	
Enclosures to be attached: Photocopies of:	

- a) MBBS Certificate
- b) Internship Completion Certificate
- c) State / MCI Registration Certificate
- d) Experience Certificate, if any
- e) Proof of DOB
- f) Proof of residential address
- g) PAN Card

# **Annual Intake for Academics in Emergency Medicine**

Branch / Location	Seats Available		
Bangalore, Narayana Health City, Bommasandra	6		
Bangalore, Narayana Multispecialty Hospital, HSR Layout	3		
Bangalore, Narayana Multispecialty Hospital, Whitefield	3		
Mysore, Narayana Multispecialty Hospital	3		
Shimoga, Sahyadri Narayana Multispecialty Hospital	3		
Bellary, Narayana Multispecialty Hospital	3		

#### Instructions:

- Last date for application is 7th February 2018.
- Interviews will be conducted for selected profiles.