



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						

10). Address for communication (in capital letters)

Telephone & Mobile No. & Email ID

**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.

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

**Narayana Health City**

258/A, Bommasandra Industrial Area, Anekal Taluk, Hosur Road, Bangalore, Karnataka - 560099

## 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.