

WORK EXPERIENCE: In chronological order from the year of qualification. Use the remarks column to indicate (i) if you did general practice or specialized practice like paediatrics, gynaecology; (ii) if you have inpatient facilities in your Government clinic/nursing home and (iii) your current position. (Use additional sheets if the space provided is inadequate.)

Period		Institution	Remarks
From	To		

Address and details of institution / clinic / hospital where you are presently working :

Address of the Institution / Clinic / Hospital	Type of Work

Phone No. of the Institution	Designation / Position

What do you hope to gain from the DFID Programme? (Not more than 4 sentences)

Do you have access to internet? Yes No

Payment Particulars: Name of the Bank :

DD No.	Date	Amount

Have you applied for the course earlier? Yes No If yes, in which year

Undertaking :

All the information given above are complete and accurate. I declare that the Dept. of Distance Education is entitled to cancel my candidature immediately, should it become apparent that any of the particulars furnished above in this application form is/are false or incorrect.

I have read the course regulations and promise to abide by them.

Date : _____

Signature

Enclosures Demand Draft for Rs. 500/- drawn in favour of "CMC Vellore Association" payable at Vellore
 Photocopy of MBBS Certificate, Post Graduate Certificate and other degrees certificates.