

SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES,
PRASHANTHIGRAM-515134, ANANTAPUR DIST. (AP) INDIA

(Accredited by the National Board of Examinations)

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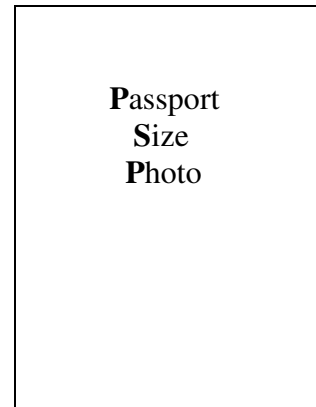
Email: academicspg@sssihms.org.in

APPLICATION FOR DNB COURSES

1. COURSE APPLIED FOR:

2. ACADEMIC YEAR:

3. DATE OF APPLICATION:



I. PERSONAL DETAILS:

1. NAME OF THE CANDIDATE
(IN Block Capitals):

2. MARITAL STATUS: NATIONALITY:

3. FATHER/HUSBAND'S NAME:

4. DATE OF BIRTH (D/M/Y):

5. PERMANENT ADDRESS:
(In Block Capitals)

6. PRESENT POSTAL ADDRESS;
(In Block Capitals)

7. PHONE # (STD CODE)

8. MOBILE #:

9. E.MAIL Id (clear & legible):

II. EDUCATIONAL QUALIFICATION DETAILS

Sl. No.	Degree	College	University	Pass(Year/ Month)	Grade/ %age of Marks

III. CET DETAILS:

(i) Year of Passing:

(ii) Specialty:

(iii) Grade/Merit/Marks obtained:
(in case of Super Specialty)

IV. REGISTRATION DETAILS:

(I) Registration No:
(ii) Medical Council of India: Yes/No.
(iii) State Medical Council : (Please specify)

V. EMPLOYMENT DETAILS:

Sl	Hospital	Department/ Specialty	Designation	Worked from	To

VI. REFERENCES IF ANY :

(Name, Designation, Hospital/Home address, Phone/Mobile No., e.mail ID etc., to be given)

1.

2.

I, _____, certify that the information/details given above are correct and true to the best of my knowledge and belief.

Place:

Date:

Signature:

(Name in block capitals)