

8. Details of Examination passed (M.B.B.S. onwards)

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts

9. Correspondence address:

Name :									
Address :									
.....									
..... City :									
State :									
Pin Code :									

10. List of enclosures: (All photocopied documents must be self attested)

- Matric admit card (for age proof)
- All 3 MBBS mark sheets
- MBBS degree certificate
- Internship completion certificate
- Permanent registration certificate

DECLARATION

I have read the rules & regulations of PGFEM, GWU, USA mentioned in the prospectus and shall abide by them. The particulars given in application form are true & accurate to the best of my knowledge & belief. The documents submitted as evidence of above facts are self attested photocopy of original documents.

I understand that I am liable to be disqualified from PGFEM course, in case of any information / document, supplied by me, are found to be false.

(Signature of the candidate)

NOTE : PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.