

## Application Form

Name:

Gender :

Date of Birth:

Marital Status:

Nationality:

Email:

Phone number:

Address for correspondence:

Permanent address:

Educational Qualification:

Course	Name of institution	Discipline	Marks %	Year of passing

Details of previous or current work/ training experience:

Name of organization	Designation	Department name	Period of service / training

Documents to be attached (upload with the form) on [emgdept.bh@gmail.com](mailto:emgdept.bh@gmail.com)

- Aadhar card
- MBBS passing certificate
- Internship completion certificate
- MBBS Degree certificate
- MD degree and passing certificate – if applicable
- Passport sized photograph

Date:

Place:

Candidate signature: