

INTERNAL MEDICINE TRAINING - ASTER DMHEALTHCARE

(ACCREDITED BY JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD (JRCPTB), UK)

APPLICATION FORM

Personal Details

First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email:	
Phone Number:	
Present Address:	
Permanent Address:	

Eligibility

Name of the College from which passed MBBS:	
Name of University from which passed MBBS:	
Is the University recognized by DHA/WHO	
Have you registered with DHA:	
DHA License /DHA Eligibility Number	

Other Achievements

Additional qualifications after MBBS	
Any other Achievements	
Publications	
Extra-Curricular Achievements	

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Verification and Fitness

Is there any criminal/legal offence pending against you? **Yes/No**

Hepatitis B Vaccination? **Yes/ No**

Covid Vaccination ? **Yes/ No**

References

Reference 1	
Reference 2	

Kindly send the filled application form to:

imt@asterdmhealthcare.com or prema.paul@asterdmhealthcare.com

Also attach your updated C.V/ valid DHA license copy and MRCP results (if applicable)