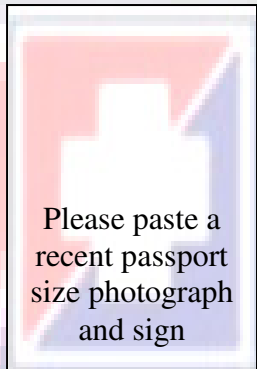




THE GEORGE WASHINGTON UNIVERSITY  
 THE DEPARTMENT OF  
 EMERGENCY MEDICINE  
 GW MEDICAL FACULTY ASSOCIATES

**APPLICATION FORM FOR MASTERS IN EMERGENCY MEDICINE**

(PLEASE WRITE CLEARLY IN CAPITALS ON THE APPLICATION FORM)



**Personal Details:**

**Surname:** .....

Please state name exactly as it appears on the **medical registration certificate or passport.**

**Title: Dr/Mr/Mrs/Miss/Ms** (please circle)

**Forename(s):** .....

**Date of birth:** (dd/mm/yyyy) .....(attach photocopy)

**Gender: Male/Female** (please circle)

**Medical Registration Number:**.....(attach photocopy)

**Type of registration** (please tick appropriate box)

- Full
- Provisional
- Temporary

**Registration body:** .....

**Date registered:** .....

**Address for Correspondence** (attach photocopy of address proof):

.....

..... **Postcode**.....

**Telephone Numbers:** .....

**Mobile:** .....

**Email:** .....

**Medical Degree - University:** .....

**Country:** .....

**Degree conferred:** .....(attach photocopy)

**Year of qualifying:** .....

**Additional Postgraduate qualification(s):** .....(attach photocopy)

**Year qualification(s) obtained:** .....

**DECLARATION (To be signed by the candidate)**

I declare to the best of my knowledge that all the information given on this form is a true statement of fact.

**Signature of Candidate:** ..... **Date:** .....

**Please return to:**

**Dr. Saptarshi Saha, Associate Consultant, Department of Emergency Medicine,  
Peerless Hospital & B. K. Roy Research Centre, 360, Panchasayar, Kolkata: 700094,  
West Bengal, India.**

You are strongly advised to submit your application using Registered Post. If you do not receive an acknowledgement letter within two weeks after sending your application, you are advised to contact Dr. Saptarshi Saha (ph. No.: +919163539388) to ensure that your form has been received.