

Diplomate of National Board, Plastic Surgery

Ganga Medical Centre & Hospitals Pvt. Limited

Application Form

1. Name

2. Date of Birth

3. Male/Female

4. Single/Married

**Please
Affix
Photograph**

5. Permanent Address

6. Address for Communication

Email Address:

7. Qualification

8. Medical Council :

State :

Regn. No.:

Date :

9. Please give name & Address of two referees

1.	2.
----	----

10. Work Experience

11. Research Experience

12. Papers Published

13. Computer Skills

I hereby declare that the information I have given in this application is true.

Date :

Signature.....

Please feel free to use additional sheets if the space provided in any column is insufficient.

Check List

1. Please attach photocopies of
 - a. MBBS/Diploma, Degree Certificate of completion of the primary of the National Board of Examinations.
 - b. Medical Council Registration Certificate.
2. Completed application should reach the Director, Ganga Hospital, 313, Mettupalyam Road, Coimbatore 641 043, Tamilnadu, India. Phone : 0422 2485000, Email; srs@gangahospital.com