



DOCTOR REGISTRATION APPLICATION FORM

Course: Please tick (✓)being applied for

- ☐ Hospital with all doctors as service provider
- ☐ Consultant _____
- ☐ Village Clinic
- ☐ Nursing Homes with capacity _____beds

Affix a passport
Size photograph
(Don't staple)

Enroll. No.

For office use only

Page | 1

1. Personal Details

1a	Name		
	Surname	First Name	Middle Name
1b	Permanent Address		Mailing Address
	Postcode:		Postcode:
1c	Telephone:		Telephone:
1d	Mobile No:		
1e	E mail:		
1f	Date Of Birth:		
1g	Age/Sex:		
1h	Nationality:		

1. Educational Qualification (Details of Professional, Postgraduate & Graduate courses)Please list all **degrees/ courses** held or currently studying. **List most recent one first.**

S.No	Degree/Course	Course Duration (month/yr)		Institution attended	Major Subjects	Result Marks obtd. %	Remarks/Spl. achievement
		From	To				

2. Educational Qualification (Pre College)

Page | 2

Name of Exam.	Year of passing	Name of Board	Marks Obtained %	Remarks/Spl. achievement
XII				
X				

3. Employment and Work ExperiencePlease describe briefly the job and your responsibilities therein. **List most recent first.**

From - To Month/year	Employer	Job Title/Responsibilities	Achievements

4. Personal Interests/Achievements

Use the space below to describe with dates (year) any extra curricular activities Which may include organizing, leading or group activities, those requiring initiative, creativity or intellectual development.

--

5. Payment Details

Application Form Fee:	500.00 usd		
Mode of Payment:	Cash	DD	TRANSFER
Draft Details:	DD. No. _____	Bank _____	Date _____

6. Declaration

The statements made in this form are true. I understand that any false statement made shall lead to rejection of my application.

Signed	Name	Date
---------------------	-------------------	-------------------

Instructions:

- To be filled by the applicant only.
- You may photocopy this application if further copies are required.
- Originals of all the relevant documents are not required to be attached with this application form. The original documents must be submitted at the time of Interview.
- Duly completed Application Form is to be submitted at **India agency**, either by hand or post.
- In order to receive acknowledgement of receipt of your application, a duly stamped & self-addressed envelope must be attached with the application.

All registration forms must accompany copy of credentials with copy of nursing home or hospital registration copy. Complete application should be submitted with fees to CBN Digital India Hyderabad India

Hospitals with Private Limited Company Registration, and desire to expand their facility, can avail for more patients, will be provided funds for infrastructure expansion. Must submit all documents