

Emergency Medicine CCT-EM(SEMI)/MRCEM

2024 Application Form

Thank you for your interest in the Emergency Medicine Critical Care Fellowship at Star Hospitals.

All candidates expressing interest to join should be **MBBS or FMG (Foreign Medical Graduate) cleared** FMGE with valid state medical council registration. We regret that we cannot accept applications from candidates who do not meet this criterion.

Please submit the following items by **email** to [rahul.katta@starhospitals.co.in](mailto:rahul.katta@starhospitals.co.in)

This application form with CV and current photo

# CURRICULUM VITAE

Send your CV as a separate email attachment. Please include awards, honors, and publications in your CV.

# APPLICANT INFORMATION

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Age |
|  |  |  |
|  | |  |
|  | |  |

**Contact Address**

|  |  |  |
| --- | --- | --- |
| Street Address | | |
|  | | |
| City | State | Postal Code |
|  |  |  |
| Home Phone | Mobile Phone | Email |
|  |  |  |

# EDUCATION AND TRAINING

**Undergraduate Education**

|  |  |
| --- | --- |
| Institution (City, State/Country) | Dates Attended |
|  |  |

**Medical School**

|  |  |
| --- | --- |
| Institution (City, State/Country) | Dates Attended |
|  |  |

**Internship/Residency/Fellowship**

|  |  |
| --- | --- |
| Institution (City, State/Country) | Dates Attended |
|  |  |

**Other Graduate Education**

|  |  |
| --- | --- |
| Institution (City, State/Country) | Dates Attended |
|  |  |

**Work Experience**

|  |  |  |
| --- | --- | --- |
| Institution (City, State/Country) | Dates Attended | Department |
|  |  |  |

# LICENSING AND CERTIFICATION

**Active Medical Licenses**

|  |  |  |
| --- | --- | --- |
| License/Certifications | Valid dates (expiry) | Issued by |
|  |  |  |
|  |  |  |

Please feel free to contact me, Dr. Rahul Katta, [rahul.katta@starhospitals.co.in](mailto:rahul.katta@starhospitals.co.in) with any questions about the fellowship or your application.