



MASTERS IN EMERGENCY MEDICINE /
CCT-EM (2019 June onwards)
SOCIETY FOR EMERGENCY MEDICINE (SEMI)

Students Enrolment Form

(Please attach 2 Passport size photo + SEMI membership form)

INSTRUCTIONS TO APPLICANTS:

• Candidate for enrolment to **Masters in Emergency Medicine(MEM)/CCT-EM** shall be required to possess the following qualifications:

- (a) He/she must have a qualified MBBS Degree
- (b) Obtained permanent registration certificate from any one of the State Medical Councils or Medical Council of India
- (c) Foreign Medical Graduated should have cleared their FMG screening exam before enrolling into the course and have to submit their FMG screening exam result copy to the society as mentioned in the application.

• **The completed application should be mailed at the address given above with a passport size photograph.**

• Please go through the course details, rules and regulations clearly before filling the application form or Visit our website 'www.semi.org.in for further clarification.

Course Fee (to be paid to SEMI / per candidate by the institution)

Course Fee (Non refundable)- 120,000 INR (ONE LAKH TWENTY THOUSAND ONLY) per candidate (To be paid to SEMI at the time of joining at first year)

THE COURSE FEE COVERS - Total 3 years course fee

- 1. SEMI life membership fee (membership card included)**
- 2. All exam fees (Theory and Practical) over 1st and Final Year**
- 3. Convocation at the end of 3 years and completion certificate fee Student**
- 4. Registration(Conference only) for 3 SEMI National Conference over 3 years (EMCON / SEMICON)**
- 5. NCLS / NTLS / NULS and Pediatric Resuscitation EM training fee is included and the same certificates are mandatorily shown during the exam**

Course Fee should be submitted as a Demand Draft (DD) only, drawn in favor of “**Society for Emergency Medicine, India**” payable at Hyderabad along with the application form or **can be transferred as NEFT by the institution for all candidates together.**

Account Number - 920010001014390

Name: Society for Emergency Medicine, India

AXIS bank, Savings account, Jubilee Hills - Hyderabad, India

IFSC Code - UTIB0000030

Personal Data

Name:

(first)

(Middle)

(Last)

Home Address:

----- Telephone

: _____

Email

address: _____

Qualification: _____

Year of

Passing: _____

Name of

University: _____

If studied Abroad, have you passed FMG screening exam: Yes / No

MCI / State Medical council registration

number:

I have read the instructions and I understand all the rules and regulations of this training certificate program and assure that I will comply with all of them. I also understand that this programme is a “certificate program of training” in Emergency Medicine for competency and Skill building under the purview of Society for Emergency Medicine, India (SEMI) and is NOT A RECOGNISED POSRTGRADUATE DEGREE COURSE AND IS NOT UNDER PURVIEW OF **MEDICAL COUNCIL IN INDIA .**

Signature of the candidate:

(Name & Date)

Approved by (Signature and stamp of the Head of the department):

Send the completed form to

SEMI Head Office

C/O Mr Sayeed

Apollo Health City,

Jubilee Hills,

Hyderabad – 500 034

And Email scanned copy to - Sayeed Amar Bin

headoffice@semi.org.in / SEMI India <semihyd@gmail.com>

sriruturekha@yahoo.co.in

For any quuries - Call

Dr Srinath Kunar TS 09538100238 /9538100238

Dr Saravana Kumar - 9486668575

Dr Sowjanya - 9494414911 (SEMI EXAM BOARD)