HCMI Education
Healthcare Management International

Attach photo here

MBBS Course Registration Form

SECTION 1. PERSONAL DETAILS

1. Title	2. Surname/Family Name	3. First Name

4. Date of Birth	5. Gender (✓)	6. Marital Status (✓)	7. Nationality	8. Country of Birth
DD MM YY	☐ Male ☐ Female	☐ Single ☐ Married ☐ Others		

SECTION 2. CONTACT DETAILS

1 Home Address		2. Postal Address (If different from Address 1)	
Country:	Postcode:	Country:	Postcode:
Email:		Email:	
Tel:		Tel:	
Fax:		Fax:	
Mobile:		Mobile:	

If you are changing address, please state when we should begin to write to Address 2

From: DD MM YY

To: DD MM YY

SECTION 3. EDUCATIONAL HISTORY

Please attach a certified "true copy" of transcripts of all official results.

SECONDARY SCHOOL EDUCATION

Name and Address of School	Title of Qualification Obtained	Dates Attended

SECTION 3. EDUCATIONAL HISTORY Cont.

Academic performance of Qualifying Examination (senior/higher secondary examination)

Name of the Exam _____ Board _____

Subjects Studied	Marks Obtained	Score/Grade	Date of Test/Exam

SECTION 4. Entry Criteria

Please tick if you satisfy the criteria

Higher Secondary Examination (ten plus two): ☐ OR Indian School Certificate Examination: ☐

Last 2 years comprised of: Physics ☐ Chemistry ☐ Biology ☐

English at a level not less than that prescribed by National Council for Education Research and Training: Yes ☐ No ☐

At least 50% mark attained for all subjects: Yes ☐ No ☐

Signature ---------- Date ----------

HCMI Education
Healthcare Management International

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