



**UNIVERSITY OF SEYCHELLES
AMERICAN INSTITUTE OF MEDICINE
(USAIM)**



APPLICATION FORM FOR ADMISSIONS TO PG MD/MS EXAMINATION

APPLIED FOR

Year: _____ Specialty: _____
 Semester: January May September

1. Personal Data

_____	_____	_____
Last Name (Family Name)	First Name	Middle Initial
_____	_____	_____
Date of Birth (dd/mm/yy)	Age	Passport Number
_____	_____	_____
Marital Status	Country of Citizenship	Country of Birth
_____	_____	_____
Student Mailing Address	_____	_____
_____	_____	_____
City or Town	State	Postal Code
_____	_____	_____
Country	E-mail Address	Alternative E-mail Address
_____	_____	_____
Work/Cell# (country code/city code/number)	Fax #	Home # (country code/city code/number)
_____	_____	_____

Permanent Address if different from Mailing Address:

_____	_____	_____
Student Mailing Address		
_____	_____	_____
City or Town	State/Country	Postal Code

In case of Emergency contact:

_____	_____	_____
Name	Phone (country code/city code/number)	E-mail

2. How did you first hear about USAIM?

Internet	USAIM Website or other website _____
USAIM Student	Name of Individual _____
Others, I please specify	Name of Individual _____

3. Academic Record

Graduate

Post Graduate

Please confirm the specialty for Postgraduate diploma or degree:

4. Personal History

Have you ever applied to USAIM before?

Yes

No

If yes, when _____

Do you fulfill the outlined requirement for admission:

Yes

No

If no, what requirements do you need to fulfill? _____

If no, when will you complete the requirements? _____

5. Employment

List of Employment in the last three years (Date format dd/mm/yy)

Date: _____ to: _____ Employer name: _____

Date: _____ to: _____ Employer name: _____

Date: _____ to: _____ Employer name: _____

Date: _____ to: _____ Employer name: _____

Date: _____ to: _____ Employer name: _____

Date: _____ to: _____ Employer name: _____

6. Check List for Documents to Be Sent for Postgraduate Exam

- Cover Letter
- Completed Application
- Curriculum Vitae
- Scanned Passport Size Photograph
- Attested copy of MBBS Degree Certificate
- Attested Copy of MCI / State Certificate of Registration
- Attested copies of 6 Posts Certificates on the Hospital Letterhead and Signed by the Head of the Hospital
- Attested Copy of Postgraduate Diploma or Degree Certificate
- \$50.00 Non-Refundable Application Fee

7. Declaration

I hereby agree to take responsibility for all the facts furnished above and confirm that to the best of my knowledge and understanding they are correct and true. In the event that any information provided by me on this form is found untruthful or incorrect, I understand that my application and admission will be rejected.

Signature: _____

Date: _____

All application material should be scanned and emailed to admissions@usaim.edu