

No.: _____

**APPLICATION FOR PLACEMENT AT NORTHERN LINCOLNSHIRE
AND GOOLE HOSPITALS NHS FOUNDATION TRUST (UK)**
(For Doctors with Post fellowship Qualifications from CPSP)

Date: _____

I, Dr. _____
(Name as registered in MBBS Degree)

S/o / D/o / W/o.: _____

bearing N.I.C # _____

Cell no. _____ Email: _____

and having present postal address of : _____

do hereby apply for placement at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (UK).

I qualified MBBS (in the year): _____ From: _____ College _____
and have PMDC Registration No. _____.

I qualified FCPS-I (in the discipline of) _____ in the year _____
bearing enrollment no. _____.

I qualified FCPS in _____ with fellowship #. _____ in the year _____
(Discipline)

I have also qualified IELTS (in the year) _____ with a score of _____
(Please enclose copy of certificate)

I have successfully completed of BLS / ACLS from: _____ (in the year) _____
(Please enclose copy of certificate)

I am interested to work in discipline/specialty _____.

I hereby agree to present myself before the selection committee of the College and to abide by all its decisions.

Signature of the Applicant