

No.: \_\_\_\_\_

**APPLICATION FOR PLACEMENT AT NORTHERN LINCOLNSHIRE  
AND GOOLE HOSPITALS NHS FOUNDATION TRUST (UK)**

(For Doctors with IMM Qualifications)

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 IMM in \_\_\_\_\_ 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