



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

Application for entry to the MRCPCH Part 2 Examination INDIA CENTRES

Please read the explanatory notes before completing this form

Please insert 1, 2 and 3 in the appropriate boxes to indicate your FIRST, SECOND and THIRD choice of centre

Bangalore Chennai Kolkata Mumbai New Delhi

RCPCH Code
Number:

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SECTION 1 - PERSONAL DETAILS

Full name exactly as it appears on your Primary Medical Qualification:

Last Name:

Forenames:

Full Postal Address:

PO Box

Town

Postcode/Zipcode:

Country:

Contact Details - Home Phone:

Mobile:

Work Number:

Bleep:

Extension:

Email Address:

Fax Number:

Date of Birth: ____/____/____ (dd/mm/yy)

Sex:

Ethnic Origin:

SECTION 2 - QUALIFICATIONS

I obtained exemption from the MRCPCH Part 1 Paper One A/Paper One B Examination through the Royal College of Physicians of Ireland pre-Jan 2010 (please attach copy of result letter)
____/____/____ (dd/mm/yy)

PRIMARY MEDICAL QUALIFICATION

Degree (e.g. MB BS, MB BCh)

Date conferred

Issuing University

Country

Were you taught mainly in English?

Yes/No

SECTION 3 - CURRENT POST

Hospital Address:	
Dates:	From: ____/____/____(dd/mm/yy) To: ____/____/____(dd/mm/yy)

Manpower Grade: *SHO* *Registrar* *Other (please specify)*

SECTION 4 - EXAMINATION FEE

Examination Fees for 2011: £510.00

Fee Enclosed: cheque/bankers draft £_____

(Please make cheques payable to 'The Royal College of Paediatrics and Child Health')

Publication of Examination Results on the RCPCH website:

All examination candidates will now be able to login into their RCPCH account via the website to view their results online.

Declaration:

I hereby declare that the information I have provided is true and accurate and I agree to abide by the RCPCH Regulations. I understand that any false information provided in any part of this form may result in my application being withdrawn. I understand that my details may be transferred to RCPCH suppliers.

Data Protection ACT 1998:

The information contained in this form will be held electronically and in paper files. All information is held in confidence and will only be used for supplying you with your assessment records and other business of the College.

Please state any reasonable adjustments that the college need to make in order for you to sit the exams

Signature: _____ Date: ____/____/____

Please submit completed application form and fees directly to the College:

MRCPCH Part 2 Examinations - India
5-11 Theobalds Road
London
WC1X 8SH
www.rcpch@ac.uk



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MRCPCH Part 2 Examination Application India Centres

Please read the MRCPCH Examination Regulations and these notes carefully before completing the application form.

India Centre:

Applicants must indicate the India centre in which they wish to sit. The RCPCH may have to limit the number of places available for the examinations in India; therefore all applications will be accepted on first come first served basis.

Code Numbers:

Please use the code numbers that have already been issued to you for the Part 1 or the MRCPCH Part 1 Paper 1a & 1b Examinations. If you have misplaced your code numbers, please ensure that you have completed your names and date of birth correctly. If you are claiming exemption from the Paper 1a & 1b Examination and this is your first application to enter the Examination, you will be issued with a Code Number after your application is accepted. This number will be unique to you and will be your identification for as long as you remain a candidate. You will be required to quote this number in all correspondence with the College.

NB: New applicants who are claiming exemption from the Paper 1a/Paper 1b Examination are also required to complete Form A. Please note the Exemption Regulations have changed. Please refer to the website: <http://www.rcpch.ac.uk/Examinations/MRCPCH-Part-2/Part-2-Rules-and-Regulations>

SECTION 1:

Full name:

Please give your full name EXACTLY as it appears on the Diploma of your Primary Medical Qualification (e.g. Zeinab Salah Abd El Rahmin), unless you have since changed your name by marriage or Deed Poll. If you have changed your name by marriage or Deed Poll since you last attempted the examination, you MUST provide evidence of this change with this application, in the form of the ORIGINAL certificate, affidavit or statutory evidence.

Full Postal Address:

The address you provide will be used in all correspondence including the address to which your admission document will be sent. If using a Hospital Address, please also state the relevant Department. If your address changes, please notify the College **as soon as possible** sending in a signed fax or letter with your code number and signature.

SECTION 2:

Exemption:

Please indicate whether you are eligible for exemption as you have obtained the Part 1 RCPCI pre January 2010 and provide a copy of your results letters issued by RCPI.

Primary Medical Qualification:

Please complete this section even if you have given us this information previously. It is important that we have the correct information for our records.

SECTION 3:**Current Post:**

Please complete the details on your most recent post, specifying locum posts but without including clinical attachments.

SECTION 4:**Examination Fees:**

All fees are revised annually and are likely to increase with the first examination of each year. Please check the Examination calendar for details. Candidates from overseas should ensure that their cheques yield the correct fee in Sterling AFTER deduction of bank charges. A banker's draft drawn on an UK bank for appropriate amount is preferable. Candidates should make their cheques payable to 'Royal College of Paediatrics and Child Health'.

Candidate Declaration:

All candidates must sign and date the candidate declaration. Failure to do so will result in the application form being returned to you.

Required Adjustments:

Candidates who have a disability, special need or medical condition that may affect their performance in the Examination are advised to submit details with their application in order that they may be assisted where possible. A medical certificate or consultant's report is required in support of such claims.

**Please submit completed application form and
fees directly to the College**