

APPLICATION FORMAT

(Note: Attach all attested photocopies)

Affix
passport
size photo

1. Department of fellowship applied for _____
2. Name (In block letters)_____
3. Gender: Male / Female _____
4. Fee Payment (Demand Draft No. & Date)_____
5. Category: (UR/OBC/SC/ST) _____
6. Date of Birth _____
7. Marital Status: Married/Unmarried/Others _____
8. Father's/Husband Name_____
9. Mother's Name _____
10. Address (Permanent)_____
- _____
- Contact No. & email_____
11. Address for correspondence_____
- _____
12. Qualification(s)

Examination Passed	Division/% of marks	Board/University	Year of Passing	Subject Taken
10 th /Matriculation/ Secondary				
MBBS				
PG Degree/DNB				

13. Registration with State council/MCI and its validity as applicable) _____
14. Date of completion of internship _____

15. Senior/Junior Residency done (If any):

Sr. No.	Residency	Duration with dates	Name & address of Hospital/Institute	Whether Regular/Ad-hoc
1.	Junior Residency			
2.	Senior Residency			

DECLARATION

I hereby solemnly declare and affirm that all statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or any column left blank in my application, my candidature is liable to be cancelled/terminated, besides taking any other action deemed fit in this regard. I will have no claim for absorption after termination/completion of contract period of tenure of fellowship. I shall abide by the terms and conditions as prescribed.

SIGNATURE OF CANDIDATE