

**Application Form for
Admission to Post Graduate Course
2018-2019**

**FELLOWSHIP PROGRAMME IN
PERINATAL MEDICINE**

Affix passport
size colour
photograph here

NAME (Dr.....) As written in
Final Year Marks card)

To

The Principal

Ramaiah Medical College, Bangalore – 54

Sir,

I wish to apply admission to the under mentioned **POST - GRADUATE COURSE** in

FELLOWSHIP PROGRAMME IN PERINATAL MEDICINE (NEONATOLOGY)

1. I agree to undergo the course on a full time basis and shall not engaged myself in private practice or consultation of any kind during the period of the course.
2. I agree that during my stay at the College, I shall not draw any pay/allowance or fellowship from other sources than permitted by the College.
3. If I withdraw before completing the course, to continue or join a P.G. Course else where I agree to return all the allowances paid to me till the date of my withdrawal and to forfeit all deposits paid by me to the College.
4. I agree to abide by the rules and regulations of this college which governs all students.

Place:

Sincerely

(Signature of Parent / Guardian)

(Signature of the Applicant)

Please Note: All details in this Application Form shall be completed by the Applicant in his/her own hand writing and in **BLOCK LETTERS**

STUDENT PARTICULAR

1. Name in full : Dr.....
2. Sex :
3. Date of Birth :
4. Place and State of Birth :
5. Religion / Caste / Sub-caste :
6. Nationality :
7. Single or Married :
8. Blood Group :
9. Permanent Address :
- Tel. If any CODE NO
Mobile No :
10. Present Address for correspondence :

SECTION - II: FAMILY PARTICULARS

11. Name of Father / Mother / Guardian :
 Husband :
 Tel. If any CODE NO :
 PHONE No :
 Occupation :
 Annual Income :

 Total Annual Income of the Family :
 Full Address :

 Pin code :

 E-mail :

 Phone No / Fax :

SECTION - III QUALIFYING EXAM PASSED (MBBS)

12. Name of the College :
 Name of the University :
 Reg. No. :
 Month & Year of Passing :

11. a. Mark obtained in Final degree Qualifying Exam	Subject	Max. Marks	Marks Obtained	Month	Year	Attempt
	TOTAL					

SECTION - IV: EXPERIENCE

13. a. Internship of one year at Hospital (MBBS Degree)

b. Date of Completion of Internship from To (MBBS Degree)

Name of the State Medical Council where Registered (MBBS Degree) :
 Registration Number :
 Date of Registration :

SECTION V POST GRADUATION PARTICULARS

14. Post Graduate (MD/DCH Pediatrics) :
 SUBJECT

Name of the College :
 Name of the University :
 Year of joining :
 Month & Year of passing :
 Regn. No. :
 Attempts :

15. Distinctions, Merit scholarship :
 Medals, Prizes, Hon ours

16. Name of the State Medical council :

 Where Registered (**MD/DCH Pediatrics**):
 Council Registration Number :
 Date of Registration :

SECTION -VI OTHER PARTICULARS

17. Details of Publications and Research Papers :

18. Details of any Fellowships/ stipend applied for or awarded or likely to be awarded in the near future :

19. Are you employed? If so, give name and address of your employer, capacity in which employed and the nature of work in which engaged :

20. Are you being officially sponsored or deputed for this training by your present employer? :

a) If yes, give details of deputation study leave, leave with pay, leave without pay etc. :

b) If no, Will you resign your job to join the Course? :

21. Name and address of two responsible persons (Relatives) who could be informed in case of emergency :

1. Name
Address

2. Name
Address

Phone Code:
Phone:

Phone Code:
Phone:

(Signature of Applicant)

SECTION VII - EXTRA CURRICULAR ACTIVITIES

12. Have you participated in the following activities during the Course

- a) Games and Athletics
Yes / No (If yes, Specify and enclose copies) :
- b) Social Service / Community Service
Yes/No (If yes, Specify and enclose copies) :
- c) Cultural activities / (Music, drama etc.) Yes
/ No (If yes, specify and enclose copies) :
- d) Others :

SECTION-VIII: RURAL SERVICE

13. Have you served in any one of the following area? :

- a) Rural Area
- b) Was it private practice or in a Hospital? :
- c) If Hospital, give names and Address
- i) Name
- Address
- Pin Code

Period of Service: From To

- d) Any other information that you would like to give
Regarding (a) to (d) of above

FOR OFFICIAL USE ONLY

MS RAMAIAH MEDICAL COLLEGE

OFFICE NOTE

ACADEMIC SECTION

Certified that Dr.
has been selected for Admission to P.G. Course in Fellowship Programme in
NeonatologyUnder Management quota / Govt. quota
.....CategoryBatch

CASE WORKER

SECTION OFFICER

ACCOUNTS SECTION

Certified that the above candidate has paid that College fee of Rs.....
vide Receipt No..... on.....

CASE WORKER

SECTION OFFICER.

CERTIFICATION

The admission of the above student to the P.G. Course is in order.

REGISTRATION

PRINCIPAL

Please enclose Xerox copies of the following certificate:

1. ALL MARKS CARDS OF (UG & PG) FIRST TO FINAL YEAR DEGREE CURSE
2. ATTEMPT CERTIFICATE
3. INTERNSHIP COMPLETION CERTIFICATE
4. TRANSFER CERTIFICATE
5. PROVISIONAL / PERMANENT DEGREE (UG & PG) CERTIFICATE
6. STATE COUNCIL REGISTRATION
7. DATE OF BIRTH PROOF (SSLC MARKS CARD)