

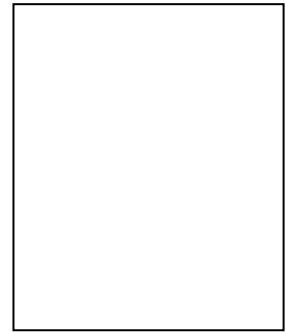
**APPLICATION FOR ADMISSION TO POST-DOCTORAL  
FELLOWSHIP PROGRAMME IN NEONATOLOGY**

NAME :Dr. ....

As written in Final Year Marks Card

To  
The Principal  
M. S. Ramaiah Medical College  
Bangalore – 560 054

Sir,



I wish to apply for admission to the **FELLOWSHIP PROGRAMME IN 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 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

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(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                       | : |
| 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                  | : |
|     | Telephone                          | : |
|     | Mobile No.                         | : |
|     | Email ID                           | : |
| 10. | Present Address for correspondence | : |

## **SECTION II : FAMILY PARTICULARS**

- |     |  |   |
|-----|--|---|
| 11. | Name of Father/Mother/Guardian/<br>Husband |   |
|     | Tel. If any      CODE NO.                  | : |
|     | PHONE No.                                  | : |
|     | Occupation                                 | : |
|     | Annual Income                              | : |
|     | Total Annual Income of the Family          | : |
|     | Full Address                               | : |
|     | Pin code                                   | : |
|     | Email                                      | : |
|     | Phone No / Fax                             | : |

### SECTION III : QUALIFYING EXAM PASSED (MBBS)

12. Name of the College :

Name of the University :

Reg. No. :

Month & Year of Passing :

12.a. Mark obtained in Final degree Qualifying Exam	Subject	Max. Marks	Marks Obtained	Month	Year	Attempt
	<b>TOTAL</b>					

### SECTION IV : EXPERIENCE

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

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

Name of the State Medical Council :

Where Registered (MBBS Degree) :

Registration Number :

Date of Registration :

### SECTION V : POST GRADUATION PARTICULARS

14. Post Graduate 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, Honours :

16. Name of the State Medical Council  
Where Registered (MD/DNB Paediatrics) :  
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 :

Mobile :

Phone :

Mobile :

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(Signature of Applicant)

## **SECTION VII : EXTRA CURRICULAR ACTIVITIES**

22. 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**

23. 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) above