

# RAMAIAH MEDICAL COLLEGE

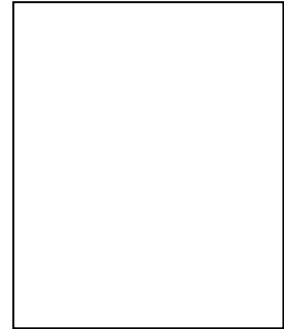
GOKULA EXTENTION, BANGALORE – 560 054

## Application for Admission to Post Graduate Course in **FELLOWSHIP PROGRAMME IN PERINATAL MEDICINE (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 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 PG 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.



### 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 (MD/DCH Paediatrics) 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/DCH 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 :

---

(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

FOR OFFICIAL USE ONLY

**RAMAIAH MEDICAL COLLEGE**  
**OFFICE NOTE**  
**ACADEMIC SECTION**

Certified that Dr. .... has been selected for Admission to PG Course in Fellowship Programme in Neonatology ..... under Management quota / Govt. Quota ..... Category ..... Batch .....

CASE WORKER

SECTION OFFICER

---

**ACCOUNTS SECTION**

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

CASE WORKER

SECTION OFFICER

---

**CERTIFICATION**

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

REGISTRATION

PRINCIPAL

---