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**SRI JAYADEVA INSTITUTE OF CARDIOVASCULAR SCIENCES & RESEARCH**

**(Govt. of Karnataka Regd. Autonomous Institute)**

9th Block, Jayanagar, Bannerghatta Road, Bangalore-69.

AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

**APPLICATION FOR ADMISSION TO**

**FELLOWSHIP PROGRAMME – August 2023**

**Applied for Fellowship Programme**

**Affix Recent Passport Size Photograph & Signature**

 **(Circle the chosen Programme)**

1. Cardiac Electrophysiology
2. Non-Invasive Cardiology
3. Intensive Care Medicine
4. Cardiovascular Imaging
5. **Name of the Candidate :**

**(In Capitals letters)**

1. **Date of Birth :**
2. **Age :**
3. **Place of Birth :**
4. **Sex :**
5. **Blood Group :**
6. **Marital Status :**
7. **Name of Spouse (if married) :**
8. **Name of the Father :**
9. **Name of the Mother :**
10. **Religion :**
11. **Caste :**
12. **Present Address**  **:**
13. **Permanent Address :**
14. **E-Mail ID :**
15. **Telephone Numbers**
	1. **Residence :**
	2. **Mobile No :**
	3. **Office :**
16. **PAN Card Number :**
17. **Aadhar No :**
18. **Medical Council
 Registration No :**
19. **Languages known :**
20. **Person to be notified in
 the Event of emergency :**
21. **Address & Phone Number :**
22. **EDUCATION QUALIFICATIONS :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Graduation** | **DEGREE** | **UNIVERSITY** | **YEAR** |
| **1.** | Under Graduation |  |  |  |
| **2.** | Post Graduation |  |  |  |
| **3.** | Super Speciality  |  |  |  |
| **4.** | Any Other additional Qualification |  |  |  |

1. **WORK EXPERIENCE:**

|  |  |
| --- | --- |
| **Sl.****No.** | **Work Experience including present employment** |
| **PLACE** | **DESIGNATION** | **DURATION** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. **Certificates to be enclosed:
 The candidate has to submit attested Xerox copies of the following
 documents along with the filled application form:-**
	1. 10th Marks card for age proof
	2. MBBS Marks Card
	3. MBBS Internship Completion certificate
	4. MBBS Attempt Certificate
	5. MBBS Degree Certificate
	6. PG Marks Card
	7. PG Degree Certificate
	8. Permanent Medical Council Registration Certificate
	9. Address proof
	10. Work experience certificate
	11. MCI Registration Certificate in case of NRI Candidates

1. **Specimen Signature of Student**

I swear that the above facts are true to the best of my knowledge & belief.

After admission to the course, I will not claim refund with regards to the admission fees at any circumstances.

PLACE: **Signature of the Student**

DATE:

**APPENDIX**

**The following information should be furnished by the In-service candidate and should be verified and forwarded by the concerned Head of the department**

|  |  |
| --- | --- |
| Department |  |
| Date of entry into service |  |
| Number of years of service |  |
| Speciality in which he/she is working |  |
| Whether probationary period has been declared or not (If declared, mention the order Number, date of declaration and furnish the document) |  |
| Whether the candidate has already done/undergoing PG Super Speciality Course(If yes, mention the subject and year of completion with supporting document) |  |
| Whether any enquiry is pending against him/her |  |
| Whether he/she is under suspension/unauthorized absence |  |

**Date: Signature of the Candidate**

Certified that the particulars furnished above have been verified and found correct and he/she is eligible to apply for the Fellowship Programmes

**Date: Signature of the head of**

**Place: the department with seal**