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 2026-27

Applied for Fellowship Programme

(Circle the chosen Programme)

1. Cardiac Electrophysiology
2. Non-Invasive Cardiology
3. Intensive Care Medicine
4. Cardiovascular Imaging

Affix Recent Passport Size Photograph & Signature

1. Name of the Candidate (In Capitals letters) :

2. Date of Birth :

3. Age :

4. Place of Birth :

5. Sex :

6. Blood Group :

7. Marital Status :

8. Name of Spouse (if married) :

9. Name of the Father :

10. Name of the Mother :

11. Religion :

12. Caste :

13. Present Address :

14. Permanent Address :

15. E-Mail ID :

16. Telephone Numbers

- **a. Residence :**
- **b. Mobile No :**
- **c. Office :**

17. PAN Card Number :

18. Aadhar No :

19. Medical Council Registration No :

20. Languages known :

21. Person to be notified in the Event of emergency :

22. Address & Phone Number :

23. EDUCATION QUALIFICATIONS :

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

24. WORK EXPERIENCE:

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

25. Certificates to be enclosed:

The candidate has to submit attested Xerox copies of the following documents along with the filled application form:-

a. 10th Marks card for age proof
b. 12th Marks card
c. MBBS Marks Card
d. MBBS Internship Completion certificate
e. MBBS Attempt Certificate
f. MBBS Degree Certificate
g. PG & PGSS (DM/DNB) Marks Card
h. PG & PGSS (DM/DNB) Degree Certificate
i. PG & PGSS (DM/DNB) Attempt Certificate
j. Permanent Medical Council Registration Certificate
k. Karnataka Medical Council Registration Certificate is a **MUST**
l. Eligibility Certificate (to be applied through RGUHS Website)
m. Address proof
n. Work experience certificate
o. MCI Registration Certificate in case of NRI Candidates

*** To be eligibile for appearing for the Entrance Exam, all Original documents MUST be brought on the day of the Exam ***

26. Specimen Signature of Student

1)

2)

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:
Place:

Signature of the head of the department with seal