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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 2025-26**

**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 & PGSS (DM/DNB) Marks Card
	7. PG & PGSS (DM/DNB) Degree Certificate
	8. PG & PGSS (DM/DNB) Attempt Certificate
	9. Permanent Medical Council Registration Certificate
	10. Karnataka Medical Council Registration Certificate is a **MUST**
	11. Eligibility Certificate (to be applied through RGUHS Website)
	12. Address proof
	13. Work experience certificate
	14. 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 \***

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**