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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 2020**

 **Applied for Fellowship:**

**Affix Recent Passport Size Photograph & Signature**

 **Programme**

1. Interventional Cardiology:

2. Cardiac Electrophysiology:

3. Non-Invasive Cardiology:

4. Clinical Paediatric Cardiology:

5. Cardiac Anaesthesia:

6. Intensive Care Medicine:

7. Non Invasive Cardiovascular Imaging:

 (Cardiovascular Imaging)

**1**. **Name of the Candidate :**

 **(In Capitals letters)**

**2. Date of Birth & Age :**

**3. Place of Birth :**

**4. Sex :**

**5. Blood Group :**

**6. Name of the Father/Spouse :**

**7. Name of the Mother**

**8. Religion & Caste :**

**9. Present Address**  **:**

**10. Permanent Address :**

**11. E-Mail ID :**

 **Telephone Numbers Office :**

**Residence :**

**Mobile No :**

**12. PAN Card Number :**

**13. Medical Council**

 **Registration No :**

**14. Languages known :**

**15. Person to be notified in the :**

 **Event of emergency**

 **Address & phone Numbers.**

**17. EDUCATION QUALIFICATIONS :**

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

**17. WORK EXPERIENCE:**

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

**18. 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 Degree certificate

5. PG Marks Card

6. PG Degree Certificate

7. Permanent Medical Council Registration Certificate

8. Address proof

9. Work experience certificate

10. MCI Registration Certificate in

 Case of NRI Candidates

**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: Signature of the head of**

**Place: the department with seal**