

**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**

Course Applied For:

Fellowship Courses:

1. Invasive Cardiology
2. Cardiac Electrophysiology
3. Clinical Paediatric Cardiology
4. Non-Invasive Cardiology
5. Cardiac Anaesthesia
6. Intensive Care Medicine

**Affix Recent
Passport Size
Photograph &
Signature**

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. **Religion & Caste** :
8. **Present Address** :

9. Permanent Address :

10. E-Mail ID :

Telephone Numbers Office :

Residence :

Mobile No :

11. PAN Card Number :

12. Domicile :

**13. Medical Council
Registration No :**

14. Languages known :

**15. Person to be notified in the
Event of emergency
Address & phone Numbers. :**

16. 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 proof of age
2. UG Degree certificate
3. PG Degree Certificate
4. Permanent Medical Council
Registration Certificate
5. Work experience certificate
6. Address Proof

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-I

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 in to 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**