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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

Website : [www.jayadevacardiology.com](http://www.jayadevacardiology.com) Email:Director@jayadevacardiology.com

Academic Section email : jayadevacardiology.academic@gmail.com

Contact No – 080-22977400/600, Academic Section : 080-22977261

**APPLICATION FOR ADMISSION TO**

**FELLOWSHIP PROGRAMME – August 2021**

 **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. Cardio Vascular Anaesthesia:

6. Intensive Care Medicine:

7. Non-Invasive Cardiovascular imaging:

|  |  |  |
| --- | --- | --- |
| **1**. | **Name of the Candidate** **(In Capitals letters)** |  |
| **2.** | **Sex**  |  |
| **3.** | **Name of the Father/Spouse / Gaurdian** |  |
| **4.** | **Name of the Mother**  |  |
| **5.** | **Date of Birth & Age** |  |
| **6.** | **Correspondence Address**  |  |
| **7.** | **Permanent Address** |  |
| **8.** | **Mobile No**  |  |
| **9.** | **Email ID** |  |
| **10.** | **Blood Group** |  |
| **11.** | **Married**  | Yes / No  |
| **12.** | **Religion & Caste** |  |
| **13.** | **Pan Card No**  |  |
| **14.** | **Aadhar Card No**  |  |

|  |  |  |
| --- | --- | --- |
| **15.** | **Medical Council Reg No**  |  |
| **16** | **Languages Known** |  |
| **17** | **Person to be notified in the event of emergency Address & Phone Number**  |  |

**EDUCATION QUALIFICATIONS :**

|  |  |  |
| --- | --- | --- |
| **18** | **Details of Examination passed / Attested Copies of certificates to be attached**  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Examination** | **College/ Institute** | **University** | **State** | **Month / Year** | **Marks secured in the qualifying Exam & %** | **No. of Attempts** |
| MBBS / BDS |  |  |  |  |  |  |
| Post Graduate Degree |  |  |  |  |  |  |
| Diploma  |  |  |  |  |  |  |
| Super Specialty |  |  |  |  |  |  |
| Any Other additional Qualification |  |  |  |  |  |  |

**Medical / Dental Council Reg. No. (State / Central) :**

**19. Details of Teaching / Work Experience (Attested copies of certificates**

 **to be attached).**

|  |  |
| --- | --- |
| **Sl.****No.** | **Work Experience including present employment** |
| **Name & Address of Employers / Institution** | **Designation of Post held** | **Period of Service****From To**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**20. Certificates to be enclosed:**

 **The candidate has to submit attested Xerox copies of the**

 **following documents along with the filled application form:-**

|  |  |
| --- | --- |
| 10th Marks card (Date of Birth) |  |
| 12th Standard Marks Card |  |
| MBBS / BDS Marks Card |  |
| MBBS Internship Completion certificate |  |
| MBBS Attempt Certificate |  |
| MBBS Degree certificate |  |
| PG Marks Card |  |
| PG Degree Certificate |  |
| Permanent Medical Council Registration Certificate |  |
| Address proof  |  |
| Work experience certificate |  |
| MCI Registration Certificate in Case of NRI Candidates  |  |

**Specimen Signature of Student**

 **1)**

 **2)**

I certify that the above information is correct and true to the best of knowledge and belief and nothing has been concealed / forged. If at any time I am found to have concealed / forged any material information, my admission shall be liable to termination without notice/compensation.

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**