

# M S RAMAIAH MEDICAL COLLEGE

GOKULA EXTENTION, BANGALORE – 560 054

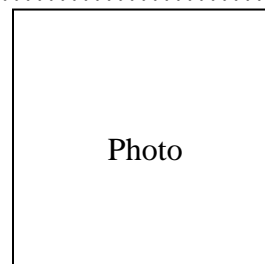
Application for Admission to Post Graduate Course in

## FELLOWSHIP PROGRAMME IN PERINATAL MEDICINE (NEONATOLOGY)

NAME ( Dr.....  
As written in Final Year Marks Card)

To

The Principal  
M S Ramaiah Medical College,  
Bangalore – 560 054



Sir,

I wish to apply admission to the under mentioned **POST – GRADUATE COURSE** in  
**FELLOWSHIP PROGRAMME IN PERINATAL MEDICINE (NEONATOLOGY)**

1. I agree to undergo the course on a full time basis and shall not engaged myself in private practice or consultation of any kind during the period of the course.
2. I agree that during my stay at the College, I shall not draw any pay/allowance or fellowship from other sources than permitted by the College.
3. If I withdraw before completing the course, to continue or join a P.G. Course else where I agree to return all the allowances paid to me till the date of my withdrawal and to forfeit all deposits paid by me to the College.
4. I agree to abide by the rules and regulations of this college which governs all students.

Place:

Sincerely

\_\_\_\_\_  
(Signature of Parent / Guardian)

\_\_\_\_\_  
(Signature of the Applicant)

**Please Note:** All details in this Application Form shall be completed by the Applicant in his/her own hand writing and in BLOCK LETTERS.



**SECTION – III QUALIFYING EXAM PASSED (MBBS)**

12. Name of the College :

Name of the University :

Reg. No. :

Month & Year of Passing :

11. a. Mark obtained in Final degree Qualifying Exam	Subject	Max. Marks	Marks Obtained	Month	Year	Attempt
	<b>TOTAL</b>					

**SECTION – IV: EXPERIENCE**

13. a. Internship of one year at Hospital (MBBS Degree) .....

b. Date of Completion of Internship (MBBS Degree) from ..... To .....

Name of the State Medical Council where Registered (MBBS Degree) : 

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Registration Number : 

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Date of Registration : 

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**SECTION V POST GRADUATION PARTICULARS**

14. Post Graduate (MD/DCH Pediatrics) :  
SUBJECT

Name of the College :  
Name of the University :  
Year of joining :  
Month & Year of passing :  
Regn. No. :  
Attempts :

15. Distinctions, Merit scholarship :  
Medals, Prizes, Hon ours

16. Name of the State Medical council Where Registered (MD/DCH Pediatrics):	:	
Council Registration Number	:	
Date of Registration	:	

**SECTION -VI OTHER PARTICULARS**

17. Details of Publications and Research Papers :

18. Details of any Fellowships/ stipend applied for or awarded or likely to be awarded in the near future :

19. Are you employed? If so, give name and address of your employer, capacity in which employed and the nature of work in which engaged :

20. Are you being officially sponsored or deputed for this training by your present employer? :

a) If yes, give details of deputation study leave, leave with pay, leave without pay etc. :

b) If no, Will you resign your job to join the Course? :

21. Name and address of two responsible persons (Relatives) who could be informed in case of emergency :

1. Name  
Address

2. Name  
Address

Phone Code:  
Phone:

Phone Code:  
Phone:

\_\_\_\_\_  
(Signature of Applicant)

**SECTION VII – EXTRA CURRICULAR ACTIVITIES**

12. Have you participated in the following activities during the Course
- a) Games and Athletics  
Yes / No (If yes, Specify and enclose copies) :
  
  - b) Social Service / Community Service  
Yes/No (If yes, Specify and enclose copies) :
  
  - c) Cultural activities / (Music, drama etc.)  
Yes / No (If yes, specify and enclose copies) :
  
  - d) Others :

**SECTION-VIII: RURAL SERVICE**

13. Have you served in any one of the following area? :
- a) Rural Area
  - b) Was it private practice or in a Hospital? :
  - c) If Hospital, give names and Address
    - i) Name
    - Address
    - Pin Code
- Period of Service: From ..... To .....
- d) Any other information that you would like to give Regarding (a) to (d) of above

FOR OFFICIAL USE ONLY

**M S RAMAIAH MEDICAL COLLEGE**  
**OFFICE NOTE**  
**ACADEMIC SECTION**

Certified that Dr. ....  
has been selected for Admission to P.G. Course in Fellowship Programme in  
Neonatology .....Under Management quota / Govt. quota  
.....Category .....Batch .....

CASE WORKER

SECTION OFFICER

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**ACCOUNTS SECTION**

Certified that the above candidate has paid that College fee of Rs.....  
vide Receipt No..... on.....

CASE WORKER

SECTION OFFICER.

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**CERTIFICATION**

The admission of the above student to the P.G. Course is in order.

REGISTRATION

PRINCIPAL

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**Please enclose Xerox copies of the following certificate:**

- 1. ALL MARKS CARDS OF (UG & PG) FIRST TO FINAL YEAR DEGREE CURSE**
- 2. ATTEMPT CERTIFICATE**
- 3. INTERNSHIP COMPLETION CERTIFICATE**
- 4. TRANSFER CERTIFICATE**
- 5. PROVISIONAL / PERMANENT DEGREE (UG & PG) CERTIFICATE**
- 6. STATE COUNCIL REGISTRATION**
- 7. DATE OF BIRTH PROOF (SSLC MARKS CARD)**