

**Application for Admission to post-doctoral**

**FELLOWSHIP PROGRAMME IN NEUROANESTHESIA AND CRITICAL CARE**

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 for admission to the **FELLOWSHIP PROGRAMME IN NEUROANESTHESIA AND CRITICAL CARE.**

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 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

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(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.

**Student Particular**

1. Name in full :
2. Sex :
3. Date of Birth :
4. Place and State of Birth :
5. Religion / Caste / Sub-caste :
6. Nationality :
7. Single or Married :
8. Blood Group :
9. Permanent Address :

Telephone :

Mobile No. :

Email ID :

1. Present Address for correspondence :

**section ii : family particulars**

1. Name of Father/Mother/Guardian/

Husband

Tel. If any CODE NO. :

PHONE No. :

Occupation :

Annual Income :

Total Annual Income of the Family :

Full Address :

Pin code :

Email :

Phone No / Fax :

**section Iii : qualifying exam passed (mbbs)**

1. Name of the College :

Name of the University :

Reg. No. :

Month & Year of Passing :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 12.a. Mark obtained in Final degree Qualifying Exam | **Subject** | **Max. Marks** | **Marks Obtained** | **Month** | **Year** | **Attempt** |
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| **Total** |  |  |  |  |  |

**SECTION IV : EXPERIENCE**

1. a. Internship of one year at Hospital : ................................................................

(MBBS Degree)

b. Date of Completion of Internship from ...................... To ............................

(MBBS Degree)

Name of the State Medical Council :

Where Registered (MBBS Degree)

Registration Number :

Date of Registration :

**SECTION V : POST GRADUATION PARTICULARS**

1. Post Graduate :

SUBJECT

Name of the College :

Name of the University :

Year of Joining :

Month & Year of passing :

Regn. No. :

Attempts :

1. Distinctions, Merit scholarship :

Medals, Prizes, Honours

1. Name of the State Medical Council

Where Registered (MD/DNB ANEATHESIA) :

Council Registration Number :

Date of Registration :

**SECTION VI : OTHER PARTICULARS**

1. Details of Publications and Research

Papers :

1. Details of any Fellowships / stipend :

applied for or awarded or likely to be

awarded in the near future

1. Are you employed? If so, give name and :

address of your employer, capacity in

which employed and the nature of work

in which engaged

1. Are you being officially sponsored or :

deputed for this training by your present

employer?

1. If yes, give details of deputation

study leave, leave with pay, leave

without pay etc.

1. If no, will you resign your job to

join the Course?

1. Name and address of two responsible

persons (Relatives) who could be

informed in case of emergency

1. Name : 2. Name :

Address Address

Phone : Phone :

Mobile : Mobile :

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(Signature of Applicant)

**SECTION VII : EXTRA CURRICULAR ACTIVITIES**

1. 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**

1. Have you served in any one of the following area? :
2. Rural Area
3. Was it Private practice or in a Hospital?
4. If Hospital, give names and Address

i) Name

Address

Pin Code

Period of Service: From .................... To ..............................

1. Any other information that you would like to give regarding (a) to (d) above

|  |  |
| --- | --- |
| C:\Users\MSRMC\Downloads\Ramaiah medical college logo-01.png |  |

FOR OFFICIAL USE ONLY

**ADMISSION SECTION**

Certified that Dr. ................................................................................... has been selected for Admission to Fellowship Programme in NEUROANESTHESIA AND CRITICAL CARE under Management quota for the Academic year …………………………...

CASE WORKER SECTION OFFICER

**ACCOUNTS SECTION**

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

CASE WORKER SECTION OFFICER

**CERTIFICATION**

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

REGISTRATION PRINCIPAL