

DEPARTMENT OF PEDIATRICS INTENSIVE CARE
RING ROAD, SURAT-395002
Phone:0261-4089999
Email: nirmalhospital@gmail.com

Application Form for Fellowship Certificate Course In Pediatric Intensive Care

Form No. / December 2011

Name _____ Age ____ Sex ____ Married/Single _____

Father / Husband's Name _____

Address for
correspondence _____

Ph. No. _____ Mobile _____ Fax _____

E-Mail _____

Affix / paste
self
photograph
here
& sign across

A) Educational and Professional Data: (Attach photocopies of mark sheets; pass certificate; internship completion/degree/ registration etc. as proof. In case more than one attempt was taken in any subject, photocopies of the marks sheet of all the attempts should be attached.)

i) MBBS (Year): from _____ to _____

Institution _____ University _____

ii) a) Registration No. _____ **Date** _____

Medical Council Name _____

b) DCH/DNB/MD Degree: Date _____ University _____

Exam	Marks obtained	Maximum Marks	Number of extra attempts
I MBBS
II MBBS
III MBBS
Part I			
Part II

iii)

Exam	Marks obtained	Maximum Marks	Number of extra attempts
DCH/DNB/MD.....
DCH/DNB/MD.....

iv) **Other** (house job, work done after acquiring MBBS etc. should be mentioned with dates. Please attach certificates or photocopies)

B) Extracurricular Activities: — (Mention only important activities and contributions briefly. Please attach certificates or photocopies)

I certify that all the information provided above is true to the best of my knowledge. I am aware that if any willful wrong information or false documents are detected even after a later date, my registration can be cancelled. I also understand that in case of any dispute or discrepancy in selection or training the decision of management of NHPL will be final and binding on me. Legal jurisdiction will be in Surat city only.

Date: -

Signature of Candidate
Name _____

FOR OFFICE USE ONLY

Date:

Received Rs. _____ from _____ as
payment towards the form for **Fellowship Certificate Course In Pediatric Intensive Care.**

Seal and Signature