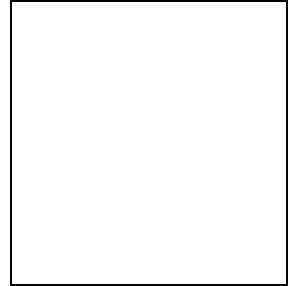


SRI SRINGERI SHARADA PEETHAM CHARITABLE TRUST
RANGADORE MEMORIAL HOSPITAL
1ST CROSS, SHANKARAPURAM, BANGALORE -560004 Tel: 080 26983333 /22/ 00
Email: academics@rmhospital.in www.rangadorememorialhospital.com

APPLICATION FOR FELLOWSHIP PROGRAMME IN -----



1. GENERAL INFORMATION

1	NAME OF THE CANDIDATE	
2	FATHER'S /HUSBAND'S/GUARDIAN NAME	
3	DATE OF BIRTH	
4	CORRESPONDENCE ADDRESS	
5	PERMANENT ADDRESS	
6	MOBILE NUMBER	
7	EMAIL ID	

2. QUALIFICATIONS

EXAMINATION	COLLEGE/INSTITUTE NAME	UNIVERSITY	STATE	MONTH/YEAR	MARKS SECURED IN THE QUALIFYING EXAM & %	NO OF ATTEMPTS
MBBS						
POST GRADUATE DEGREE						
DIPLOMA						
OTHERS						

3. MEDICAL COUNCIL REGISTRATION NUMBER (STATE / CENTRAL)

4. DETAILS OF TEACHING / WORK EXPERIENCE (ATTESTED COPIES OF CERTIFICATES TO BE ATTACHED)

SL NO	NAME & ADDRESS OF EMPLOYER / INSTITUTION	DESIGNATION OF POST HELD	PERIOD OF SERVICE	
			FROM	TO

5. MARKS CARDS AND CERTIFICATES TO BE ENCLOSED ALONG WITH APPLICATION

SSLC MARKS CARD (DATE OF BIRTH)	
12 TH STANDARD MARKS CARD	
MBBS MARKS CARD	
MBBS DEGREE CERTIFICATE	
INTERNSHIP CERTIFICATE (ONE YEAR)	
PG MARKS CARD	
PG DEGREE CERTIFICATE	
UG & PG REGISTRATION CERTIFICATE (MCI / STATE)	

6. EXPERIENCE CERTIFICATES:

7. OTHER DOCUMENTS:

I certify that the above information is correct and true to the best of my 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.

Place:

Date:

Signature of the Candidate

For Office use only

Received the application through post / courier / by hand on ----- (date & time)

Seal:

Received by:

Name:

Designation:

Signature: