

APPLICATION FORM FOR ABDOMINAL ORGAN TRANSPLANTATION SURGERY
FELLOWSHIP COURSE

Name:

Birth date:

Nationality:

Religion:

Marital status:

Permanent Address

Correspondence Address

PHOTO

Mobile: _____

E mail: _____

Preferred mode of communication: Correspondence Address/ e mail/ mobile

Educational Qualifications:

Examination Passed	Subject	Year of passing	Name of Institution	Name of University

Previous experience:

Post held	From	To	Total period	Employer's address

Remaining bond (if any)

Registration with Central/State Medical Council:

Registration Number:

Special achievements:

Details of prizes, Medals, Scholarships & National/ International Awards and Additional Qualification such as membership of scientific society etc.

No. of papers published as a first author : National
International

Details of health status:

Immunization for hepatitis B, varicella zoster and H. Influenza. Yes/ no/ I don't know

(If vaccination status is not known you may be selected; however, antibody titers need to be measured and vaccination should be completed before entering clinical department).

Exposure to hepatitis C virus or HIV or Tuberculosis Yes/ no/ I don't know

Are you a carrier for MRSA? Yes/ no/ I don't know

I hereby declare that I am an Indian National and all statements made in this application are true, complete and correct to the best of my knowledge.

Date: _____

Place: _____

Signature of the applicant

Enclosures

1. Proof of Birth date
2. PG qualification certificate
3. Experience certificate of previous appointments
4. Proof of special achievements and papers published
5. Copy of registration with central/state medical council
6. No Objection Certificate from present employer/ Head of the dept./ Head of institute if applicable