

BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE
FORT, BENGALURU-560 002.

APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE ACADEMIC YEAR 2019-20

STAMP
 SIZE
 PHOTO

SL NO	PARTICULARS		TO BE FILLED IN CAPITAL LETTERS ONLY		
1	NAME OF THE CANDIDATE				
2	FATHER'S NAME				
3	MOTHER'S NAME				
4	SPOUSE'S NAME				
5	DATE OF BIRTH WITH AGE				
6	RELJGION				
7	CASTE				
8	SUB-CASTE				
9	RESERVATION, IF ANY				
10	PERMANENT ADDRESS				
11	CORRESPONDENCE ADDRESS				
12	LANDLINE NO				
13	MOBILE NO				
14	EMAIL ID				
15	AADHAR NO				
16	PAN				
17	BANK ACCOUNT NO				
18	NAME OF THE BANK		BRANCH		IFS CODE
19	DEGREE	COLLEGE	UNIVERSITY	PERCENTAGE	RESULT
	MBBS				
	PG Diploma				
	PG Degree				
	Super Specialty				

20	EXPERIENCE AFTER POST GRADUATION (IN YEARS)			
	DISCIPLINE/SUBJECT			
21	FELLOWSHIP PROGRAMME APPLIED			
22	QUOTA	GENERAL /	IN-SERVICE	
23	INSTITUTION LAST STUDIED			
24	DETAILS OF DEMAND DRAFT (RS.4000/- IN FAVOUR OF DIRECTOR CUM DEAN, BMC&RI,BENGALURU.	NAME OF BANK		
		BRANCH		
		DD NO		DATE

DECLARATION

I, Dr.....S/o, D/o.....
 declare that the information furnished above is correct to the best of my knowledge and belief and also declare that this is the only fellowship course I have applied and have not pursued any fellowship course prior to this from Rajiv Gandhi University of Health Sciences, Karnataka.

Place:

Date:

Signature of the candidate

- Candidates should submit two sets of self attested Photo copies along with the application and submit all the original documents for verification on the day of interview.
- In service candidates from health and family welfare should submit the application through proper channel along with a No objection certificate issued from Commissioner, Health and family welfare.