

BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE
Fort, Bengaluru-560 002.

APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE YEAR 2018-19
2018 August BATCH

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	RELIGION			
7	CASTE			
8	SUB-CASTE			
	RESERVATION, IF ANY			
9	PERMANENT ADDRESS			
10	CORRESPONDENCE ADDRESS			
11	LANDLINE NO			
12	MOBILE NO			
13	EMAIL ID			
14	AADHAR NO			
15	PAN			
16	BANK ACCOUNT NO			
17	NAME OF THE BANK	BRANCH	IFS CODE	
18	MEDICAL COUNCIL REGISTRATION	STATE :		
		REG NO:		
19	POST GRADUATE DIPLOMA			
20	POST GRADUATE DEGREE			
21	SUPER SPECIALTY			

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

***In-Service candidate should get NOC from Commissioner, Health & Family Welfare Department, Bengaluru and have to apply through proper channel.**

Academic Qualification

Sl no	Course	College	University	Year of Passing	Maximum Marks	Marks obtained	Percentage	Result
1	MBBS							
2	PG Diploma							
3	PG Degree							
4	Super Speciality							

DECLARATION

I, Dr..... 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 for and have not done any fellowship course from Rajiv Gandhi University of Health Sciences, Karnataka earlier.

Place:

Date:

Signature of the candidate

- Candidates should submit two set of self attached Photo copies along with the application and submit all the original documents for verification on the day of interview.