



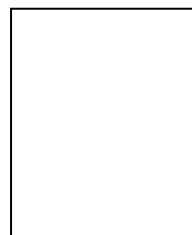
KARNATAKA INSTITUTE OF ENDOCRINOLOGY & RESEARCH
(Govt. of Karnataka Regd. Autonomous Institute)

9th Block, Jayanagar, Bannerghatta Road, Bangalore-69.

AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

APPLICATION FOR ADMISSION TO
FELLOWSHIP PROGRAMME

Applied for Fellowship:
Programme in Diabetology



1. Name of the Candidate :
(In Capitals letters)
2. Date of Birth & Age :
3. Place of Birth :
4. Sex :
5. Blood Group :
6. Name of the Father/Spouse :
7. Name of the Mother :
8. Religion & Caste :
9. Present Address :
10. Permanent Address :
11. E-Mail ID :
- Telephone Numbers Office :
- Residence :
- Mobile No :

12. PAN Card Number :

**13. Medical Council
Registration No** :

14. Languages known :

**15. Person to be notified in the
Event of emergency
Address & phone Numbers.** :

16. EDUCATION QUALIFICATIONS :

Sl.No.	Graduation	DEGREE	UNIVERSITY	YEAR
1.	Under Graduation			
2.	Post Graduation			
3.	Super Speciality			
4.	Any Other additional Qualification			

17. WORK EXPERIENCE:

Sl. No.	Work Experience including present employment		
	PLACE	DESIGNATION	DURATION
1			
2			
3			

18. Certificates to be enclosed:

The candidate has to submit attested Xerox copies of the following documents along with the filled application form:-

1. 10th Marks card for age proof
2. UG Marks Card
3. UG Degree certificate
4. PG Marks Card
5. PG Degree Certificate
6. Permanent Medical Council Registration Certificate
7. Address proof
7. Work experience certificate
7. MCI Registration Certificate in
Case of NRI Candidates

Specimen Signature of Student

1)

2)

I swear that the above facts are true to the best of my knowledge & belief. After admission to the course, I will not claim refund with regards to the admission fees at any circumstances.

PLACE:

Signature of the Student

DATE:

APPENDIX

The following information should be furnished by the In-service candidate and should be verified and forwarded by the concerned Head of the department

Department	
Date of entry into service	
Number of years of service	
Speciality in which he/she is working	
Whether probationary period has been declared or not (If declared, mention the order Number, date of declaration and furnish the document)	
Whether the candidate has already done/undergoing PG Super Speciality Course (If yes, mention the subject and year of completion with supporting document)	
Whether any enquiry is pending against him/her	
Whether he/she is under suspension/unauthorized absence	

Date:

Signature of the Candidate

Certified that the particulars furnished above have been verified and found correct and he/she is eligible to apply for the Fellowship Programmes

Date:

Place:

**Signature of the head of
the department with seal**