

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

APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE ACADEMIC YEAR 2022-23

COURSE NAME: _____

**Pass port size
Photograph**

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							
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	Year of Passing	Maximum Marks	Marks Obtained	Percentage	Result /attempts
20	MBBS							
21	PG Diploma							
22	PG Degree							
23	Super Specialty							
24	EXPERIENCE AFTER POST GRADUATION (IN YEARS)							
25	DISCIPLINE/SUBJECT							
26	STATE MEDICAL COUNCIL REG.NO (STATE)							
27	DETILS OF EXAMINATION PASEED (Attested copies of certificates to be attached)							

28. Details of Teaching / Work Experience (Attested copies of certificate to be attached)

Sl No	Name & Address of Employer /Institution	Designation of Post held	Period Service	
			From	To
1				
2				
3				
4				
5				

29. Marks Cards & Certificate to be enclosed along with application.

1. Education Qulification:

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)	
NMC /MCI UG/ PG degree Reconnize Certificate from your studied Institute	

2. Experience Certificates

3. Other Documents.

30	FELLOWSHIP PROGRAMME APPLIED				
31	QUOTA	GENERAL /	IN-SERVICE		
32	INSTITUTION LAST STUDIED				
33	DETAILS OF DEMAND DRAFT (RS.4000/- IN FAVOUR OF DIRECTOR CUM DEAN, BMC&RI,BENGALURU.	NAME OF BANK			
		BRANCH			
		DD/NEFT/ details		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 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 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.
- Fill the above application in word document and send to email. principal.bmcri@gmail.com.