

*Topiwala National Medical College & B.Y.L.Nair Ch. Hospital
Mumbai Central , Mumbai 4000 08.*

Application form for Post graduate Fellowship course

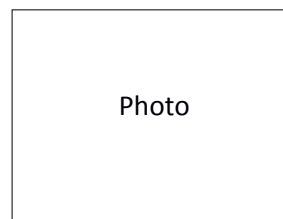
(under the aegis of the Maharashtra University of Health Sciences)

Last date for receipt of application forms – 24th April 2015, 10.00 hrs at the Post Graduate Section, College Building, First floor, T.N.Medical College & B.Y.L.Nair Ch. Hospital, Mumbai Central, Mumbai - 400 008.

For Office use only	
Name of the HOD/PG teacher under Whom student admitted provisionally	
For fellowship in	_____
Term(One Year):	2015-16

Date –

**The Dean
T.N.Medical College &
B.Y.L.Nair Ch. Hospital,
Mumbai - 400 008.**



Sir,

I wish to apply for **Fellowship**

- 1. Fellowship in Clinical Nephrology**
- 2. Fellowship in Dialysis Medicine**

If selected, I will pay the prescribed fees as per the following instructions

	MUHS	MCGM	TNMC(DDF)	TOTAL
Fellowship fees per course	25000/-	66,000/-	9,000/-	100000/-

P.S. :

- The course is for one year followed by (theory and practicals) examination.
- Date of interview : 28th April 2015 i.e. Tuesday time 11.00a m in the Nephrology Seminar Hall, OPD building, 7th Floor.
- List of selected candidates will be put on 29th April 2015 in Post Graduate section.
- Date for paying fees is 30th April 2015 with Demand Draft as follows

Three Demand drafts in favour of

Draft no. Bank Dated

**The Registrar MUHS, Nashik
(payable at Nashik)**

**Municipal Corporation of Greater
Mumbai, (Payable at Mumbai)**

**Nair Charitable Hospital
Department Development Foundation
(Payable at Mumbai)**

Applicant's particulars

1. Name in full (beginning with surname)

2. Present address

3. Contact details

Phone : _____

Email (mandatory – Please write legibly) _____

Note- All communications will be via e mail only :

4. Permanent address :

**5. Do you belong to backward class, If yes, give details (Viz SC, ST, VJNT or
OBC with sub-caste)**

**6. Name of the medical college from which you have completed PG degree
/diploma and if the college is recognized by the Medical Council of India**

7. Date and number of provisional registration with the Maharashtra Medical Council / concerned state medical council (with name and address of the council)

8. Date and number of permanent / full registration with the Maharashtra Medical Council / concerned state medical council with name

9. Date of starting and completing the PG diploma /degree

10. Examination passed:

Exam	Month & Year of Exam	Actual Marks Obtained	Out of Marks	Dist./ 1 st Rank in University	No. of Delay in Term / s @
MBBS					
P.G.Degree / Diploma *					
PG Degree / Diploma *					
PG Degree / Diploma *					

@ (if not passed in minimum prescribed terms)

* Mention all PG Degree / diploma

DECLARATION

I hereby agree, that I will follow the rules and regulations at present in force or that may hereafter be made for the administration of the college and its associated recognized hospitals and under take that so long as I am a fellow / certificate course student of the college, I will do nothing unworthy of the student of the college either inside or outside or anything that will interfere with its orderly working and discipline. I also declare that the information / particulars furnished above by me is true to the best of my knowledge. I know the consequences as provided in rules of MUHS and MCGM (as applicable) as regards furnishing false information / concealing any information .

Date _____

Signature of Applicant _____

CERTIFICATES TO BE ATTACHED (Please attach attested true copies where applicable and originals where applicable):

Recommendation from PG teacher (Original)

Copy of passport/ Domicile as proof of Nationality

Copy of School leaving certificate / birth certificate as proof of date of birth

A copy of permanent registration certificate from Maharashtra Medical Council, Indian Medical Council or respective State Medical Council.

A copy of Degree/ Diploma Certificate.

If admitted, students are required to give their Mumbai address in the college office and notify any subsequent change of address (PG rule 7 clause XI) .

They are also required to submit 3 photos at the time of admission in addition to the one that is stuck on the form.

The Original copies of the certificates / documents submitted should be brought for verification at the time of interview.

6. Information given wrongly or proved otherwise will disqualify the candidate.

Contact : 9122- 23027192 – H.C.(P.G.Section)