

Topiwala National Medical College & B.Y.L. Nair Ch. Hospital

Mumbai Central, Mumbai 400 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 from 27.12.2016, 3 pm. at the Post Graduate Section, College Building, First floor, Room No. 112, 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): 2016-17

Date –

Photo

**The Dean
TN Medical College &
BYL Nair Ch. Hospital,
Mumbai 400 008**

Sir,

I wish to apply for the following **Fellowship in the Department of _____** :

If selected, I will pay the prescribed fees as per the following instructions (subject to change as per MUHS rules)

	MUHS	MCGM	TNMC (DDF)	Registration Fees	Exam Fees	Security Deposit	TOTAL
Fellowship fees per course	25000/ -	71,900/-	10,000/-	7,500/-	20,020/-	6000/- Refund able	140420/-

P.S.:

- The course is for one year followed by an examination.
- Date of interview: Wednesday, 28th December 2016 time 11.00am in the Pediatric OPD No. 9, First Floor, OPD building, BYL Nair Ch. Hospital Campus, Dr. AL Nair Road, Mumbai Central, Mumbai 400008
- List of selected candidates will be put on 29th December 2016 in the Post-Graduate section Notice Board.
- Fees must be paid on or before 31st December 2016 by 3 pm.
- Joining on 1st January 2017 is mandatory.

The Demand drafts should be drawn in favor of the following after selection

Draft no.	Bank	Dated
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- The Registrar MUHS, Nashik (payable at Nashik)
- Municipal Corporation of Greater Mumbai, (Payable at Mumbai)
- Nair Charitable Hospital Department Development Foundation (Payable at Mumbai)
- The Registrar, MUHS, Nashik (payable at Nashik)
- Municipal Corporation of Greater Mumbai, (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	ActualMarks Obtained	Out of Marks	Dist./ 1st 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 _____

Name:

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

- Self- attested copy of any govt. issued document for identity (Passport, PAN card, Aadhar card, etc.)
 - Self- attested copy of any govt. issued document for address (Passport, PAN card, Aadhar card, etc.)
 - Self- attestedcopy of any govt. issued document for nationality (Passport, etc.)
 - Recommendation from PG teacher (Original)
 - Self-attested copy of permanent registration certificate from Maharashtra Medical Council, Medical Council of India (MCI) or respective State Medical Council.
 - Self-attested copy of Degree/ Diploma Certificate.
 - **The candidates should provide original copies of all the submitted documents for verification/ Registration at the time of interview.**
 - 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.
6. Information given wrongly or proved otherwise will disqualify the candidate.

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