



SMT. G. R. DOSHI & SMT. K. M. MEHTA

INSTITUTE OF KIDNEY DISEASES & RESEARCH CENTRE (IKDRC)

&

DR. H. L. TRIVEDI INSTITUTE OF TRANSPLANTATION SCIENCES (ITS)



B.J. MEDICAL COLLEGE & CIVIL HOSPITAL CAMPUS, ASARWA, AHMEDABAD-380 016. GUJARAT STATE, INDIA

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**Dr. H. L. TRIVEDI, F.R.C.P. (C), D. Sc.
DIRECTOR**

Admission Notice - PDCC Renal & Transplant Pathology for year 2018

(LAB)

IKDRC/ No. 548 / 2017'-18

Date: 04/10/2017

PDCC (Renal & Transplant Pathology) at Smt. G.R. Doshi & Smt. K.M. Mehta Institute of Kidney Diseases and Research Centre and Dr. H.L. Trivedi Institute of Transplantation Sciences, Civil Hospital Campus, Ahmedabad

Applications are invited for Post-Doctorate Certificate Course (PDCC) in Renal and Transplant Pathology for year 2018 at IKDRC- ITS, Ahmedabad, Gujarat.

Eligibility: One year experience post-MD (Path)/ DNB (Path).

Last date of application: 31st October, 2017

Personal Counseling and Selection on: 22nd November, 2017

Course Starts on 1st January, 2018

Course Duration: 1 Year

Selected candidates will be granted stipend as per State Govt. Scale.

Application in prescribed application format attached herewith along with copies of certificates should be sent to the following address or by e mail: arunavanikar@gmail.com

Application Address:

Dr. Aruna V. Vanikar, Prof. and Head,

Dept. of Pathology, Lab Medicine, Transfusion Services and Immunohematology,

And Prof., Dept. of Cell Therapy and Regenerative Medicine,

G.R. Doshi & K.M. Mehta Institute of Kidney Diseases and Research Centre (IKDRC) and Dr. H.L.

Trivedi Institute of Transplantation Sciences (ITS), Civil Hospital Campus, Asarwa, Ahmedabad-

380016, Gujarat.

Aruna V. Vanikar

Dr. Aruna V. Vanikar,

M. D., Ph.D., F. I. C. P., D.Litt.

Prof. and Head, Dept. of Pathology, Lab Medicine, Transfusion Services and Immunohematology,

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Tel: + 79 4901 7387 Fax: + 79 4901 5454

E mail: arunavanikar@gmail.com, Website: www.ikdrc-its.org

APPLICATION FORM FOR PDCC IN RENAL AND TRANSPLANT PATHOLOGY

Personal Details:

1. Name : _____
2. Age & Gender : _____
3. Marital status: _____
4. Permanent address: _____

5. Contact Number & Email: _____
6. Correspondence address: _____

Passport
size Photo

7. Qualifications

Sr.No.	Name of Course	Name of Institute/University	Passing Month & Year	Percentage	Attempt
1	MBBS				
2	MD/DNB Path				
3					
4					

8. Previous Experience Of Employment:

Sr.No.	Place	Address	Designation	From	To	Total Duration
1						
2						
3						
4						