

APPLICATION FORM

FELLOWSHIP IN _____

APPLICATION NO. _____

REGISTRATION NO. _____

} For Office
Use Only

Affix your recent
Passport size,
color
Photo here (with
signature)

01. Name of the applicant (In Block Letters)

(Surname)

(Name)

(Father's / Husband's Name)

02. Date of birth _____ 03. Age _____

04. Gender _____ 05. Blood group _____

06. Nationality _____

07. Marital status _____

08. E-Mail ID _____

09. Phone No. (R.) _____ (M.) _____

10. Permanent Address _____

11. Address for Communication _____

12. Educational Qualification

| S N | Course of Study | Month & Year of Passing | Name of College | Name of University | Aggregate marks (Write year wise marks) | Remarks |
|--------|--------------------|-------------------------------|--------------------|-----------------------|--|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

13. Professional Experience

| Sr. No. | Name of Organization/Institute | Experience & Designation | | Date of Joining | Date of Relieving | Remarks |
|------------|-----------------------------------|--------------------------|----------|--------------------|----------------------|---------|
| | | Clinical | Teaching | | | |
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| | | | | | | |

Specify the clinical areas where you have worked _____

14. Any Awards / Prizes Received _____

15. Details of Entrance Exam Fees Payment

A. D.D. / Receipt No. _____

B. Bank: _____ C. Date _____

D. Amount in Words _____

CERTIFICATE BY THE PRESENT EMPLOYER

(In case of candidate who is already in service)

This is to certify that we have no objection to the selection of

_____ to the **Fellowship in** _____
_____ of 1 year duration at IKDRC-ITS, a Constituent Institute of
Gujarat University of Transplantation Sciences (GUTS), Ahmedabad, Gujarat, India.

**Signature of the employer
with Office Stamp & date**

DECLARATION BY THE APPLICANT

I _____ son / daughter of
_____, hereby solemnly declare that all information
furnished and enclosures given in this application are true and complete to the best of my
knowledge and belief. I am also aware that if any statement made herein if found to be
incorrect at any time either before or after admission, I will be liable to forfeit my seat and / or
removal from the rolls of the College at whatever Stage of study I may be, besides making me
liable for criminal prosecution.

Place:

Date:

Signature of applicant

Enclosures

1. MBBS, MD/ DNB Degree Certificate
2. School Leaving Certificate
3. Experience Certificate
4. Medical Fitness Certificate
5. Two passport size photographs

MEDICAL FITNESS CERTIFICATE
To whom so ever it may concern

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signature)

This is to certify that I have examined Mr./ Miss. _____ aged _____

He/ she is suffering / not suffering from following diseases

| | |
|--------------|---------------------|
| Asthma | Physical Disability |
| Diabetes | Mental Disability |
| Hypertension | Allergy |

Fits / Convulsions

He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height....., weight....., vision.....,Hearing-----.

I certify that Mr. / Miss _____ is physically, mentally &
Psychologically fit / unfit for _____ course.

Marks of identification

Thumb impression

Signature:

Name of Registered medical practitioner:

Place:

Reg. No.:

Date:

Address:

(Office Seal)