

# 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			

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 \_\_\_\_\_

## **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 is 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. Registration certificate of State Medical Council of India
3. School Leaving Certificate
4. Experience Certificate
5. Medical Fitness Certificate
6. List of Publications
7. Two passport size photographs

**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**

# MEDICAL FITNESS CERTIFICATE

To whom so ever it may concern

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