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| **NATIONAL FELLOWSHIP IN PALLIATIVE MEDICINE**Application Form for Academic Year: ………….Name (In Full-as appearing in certificate)Father's/Husband's Name  | Paste your photo here |
| Date of Birth Gender **Correspondence Address**Street/Area City/Town District State Country Postal code E-mailPhone Number: Office Residence **Permanent Address**Street/Area City/Town District \_ State Country Postal code E-mailPhone Number: Office Residence Details of Examination passed (Self-attested copies of certificates to be attached) |  |
|  | Medical College | University | State | Month | Year | % of marks |  |
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| Period of internship Institution Application Fee: Application fee Rs. 200/-\*Additional fee for Overseas candidate Rs. 300/- (Strike out if not applicable) TOTAL Rs **List of Enclosures:** (Please tick)1. MBBS/BDS Degree Certificate
2. MBBS/BDS transcript
3. Proof of undergoing or completed internship
4. Registration Certificate of MCI/State medical council/Dental council
5. Two Passport size recent colour photographs.
6. Professional/academic reference letter by the referee
7. Statement of purpose
8. NEFT receipt of application fee

I have read the general instructions and the rules and regulations of National Fellowship in Palliative Medicine from the prospectus and I shall abide by them.Date: (Signature of applicant) |

MCI/DCI Reg. No Date of Reg State