



# INSTITUTE OF NEPHRO UROLOGY

(Government of Karnataka – Autonomous Institute – Regd. No. 1052/03-04)

(A Post Graduate Institute of Higher Medical Sciences,

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore.

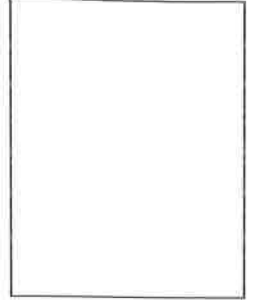
Recognised by Medical Council of India)

Victoria Hospital Campus, Bangalore – 560 002.

Email : [nephrourology.institute@gmail.com](mailto:nephrourology.institute@gmail.com)

Website: [www.nephrourology.karnataka.gov.in](http://www.nephrourology.karnataka.gov.in)

## APPLICATION FOR FELLOWSHIP IN INTERVENTIONAL NEPHROLOGY



### I. General Information:

1.	Name of the Candidate	
2.	Father's/ Husband's / Guardian Name	
3.	Date of Birth	
4.	Correspondence Address	
5.	Permanent Address	
6.	Mobile Number	
7.	Aadhara No. and PAN no.	
8.	Email ID	
9.	Details of Examination Passed (Attested copies of certificate to be attached)	

## II. Qualifications

Examination	College/ Institute	University	State	Month/ Year	Marks secured in the qualifying exam & %	No. of Attempts
MBBS						
PG Degree						
DM / DNB Nephrology						
Others						

Medical Council Reg. No. (State / Central):

## III. Details of Teaching / Work Experience (Attested copies of certificates to be attached)

Sl No.	Name & Address of Employer/ Institute	Designation of Post held	Period of Service	
			From	To

IV. Marks cards and Certificate to be enclosed along with application:

1. Education Qualification

SSLC Marks Card (Date of Birth)	
12 <sup>th</sup> Standard Marks card	
MBBS Marks card	
MBBS Degree Certificate	
Internship Certificate (One Year)	
PG Marks Card	
PG Degree Certificate	
Super speciality Marks Card	
Super speciality Degree certificate	
UG, PG & Super Speciality Registration Certificate (MCI/State)	

2. Experience Certificate:

3. Other Documents:

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I certify that the above information is correct and true to the best of my knowledge and belief and nothing has been concealed / forged. If at any time I am found to have been concealed / forged any material information, my admission shall be liable to termination without notice / compensation.

Place:

Date:

Signature of the Candidate

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**For Office Use**

Received the application through post / courier / by Hand on .....(Date and time)

Seal

Received by

Name:

Designation:

Signature: