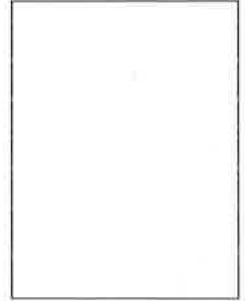




INSTITUTE OF NEPHRO UROLOGY
(Government of Karnataka – Autonomous Institute – Regd. No. 1052/03-04)
(A Post Graduate Institute of Higher Medical Sciences,
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore.
Recognised by Medical Council of India)
Victoria Hospital Campus, Bangalore – 560 002.
Email : nephrourology.institute@gmail.com
Website: www.nephrourology.karnataka.gov.in

APPLICATION FOR FELLOWSHIP IN RENAL DIALYSIS



V. 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) | |

VI. Qualifications

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

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

VII. 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

4. Education Qualification

| | |
|--|--|
| SSLC Marks Card (Date of Birth) | |
| 12 th Standard Marks card | |
| MBBS Marks card | |
| MBBS Degree Certificate | |
| Internship Certificate (One Year) | |
| PG / DNB Marks Card | |
| PG Degree Certificate /DNB Certificate | |
| UG & PG Registration Certificate (MCI/State) | |

5. Experience Certificate:

6. Other Documents:

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

For Office Use

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

Seal

Received by

Name:

Designation:

Signature: