FORM-1

Date:

Name of Institute:

Name of Fellowship Co-ordinator :

Address:

Candidate Detail:

Name:

Date of Birth:

Parmanent Address:

IAP Membership No.:

Contact No.:

E-Mail:

Payment Details:

Payment Amount:

Transaction No.:

Date:

Note: Kindly send only the photocopy of the degree/diploma certificate & Medical councilregistration certificate verified by the fellowship coordinator & a passport size color photograph tothe secretariat along with the payment.

FORM -2

Name Of Candidate

Date Of Birth Age Sex

Address

Contact Number

Email ID

Qualifications

Qualification Details
(Please attach copies of Marks sheet, Degree passing certificates, and Medical Council registration certificates)

MBBS

Year of Passing Marks Obtained % of Marks

Rank f any Institute / University

Certificate attached ? Y/N

Dch

Year of Passing Marks Obtained % of Marks

Rank f any Institute / University

Certificate attached ? Y/N

MD

Year of Passing Marks Obtained % of Marks

Rank f any Institute / University

Certificate attached ? Y/N

DNB

Year of Passing | Marks Obtained | % of Marks

Rank f any | Institute / University

Certificate attached ? Y/N

Any Other

Year of Passing | Marks Obtained | % of Marks

Rank f any | Institute / University

Certificate attached ? Y/N

Any Other

Year of Passing | Marks Obtained | % of Marks

Rank f any | Institute / University

Certificate attached ? Y/N

Medical Council Registration MCI / State Medical Council

Past professional experience:

1

Institute's name, Location | Position Held

Tenure in months | Year of working

Teacher's name | Certificate attached? Y / N

2

Institute's name, Location | Position Held

Tenure in months | Year of working

Teacher's name | Certificate attached? Y / N

3

Institute's name, Location | Position Held

Tenure in months | Year of working

Teacher's name | Certificate attached? Y / N

4

Institute's name, Location | Position Held

Tenure in months | Year of working

Teacher's name | Certificate attached? Y / N

5

Institute's name, Location | Position Held

Tenure in months | Year of working

Teacher's name | Certificate attached? Y / N