

Application To Take The IAP Neonatology Fellowship Examination

Date:

To,
The Chairperson

The below mentioned fellowship candidates training at our Institute, would like to take the IAP Neonatology Chapter Fellowship Exam Scheduled on _____ at _____

The details of the candidates and their exam fee payment are given below –

1) Candidate's name

Qualification:

IAP Membership No:

Date of Appointment -

(Please attach a copy of the appointment letter from Institute)

Completed 85% of the prescribed period of training: Yes / No

Performance / Conduct / Internal assessment – Satisfactory / Unsatisfactory

Clinical study completed – Yes / No

Exam fee amount – Rs. 7000/- (Seven Thousand Only) Transaction No:

Bank:

Date of Transaction:

2) Candidate's name

Cell No.:

Email ID:

Qualification:

Date of Appointment:

(Please attach a copy of the appointment letter from Institute)

Exam fee amount – Rs. 7000/- (Seven Thousand Only) Transaction No:

Bank:

Date of Transaction:

Completed 85% of the prescribed period of training: Yes / No

Performance / Conduct / Internal assessment – Satisfactory / Unsatisfactory

Clinical study completed – Yes / No

Signature of Institute Head

Signature of Fellowship Coordinator