

Application form for the Fellowship in Genetic Diagnostics

1. Complete Name (in Block letters) :
(As per SSC / X Class Record)

2. Gender:

3. Date of birth:

Age:

4. Qualifications:

5. Medical council registration number:

6. Present designation:

7. Complete address:

8. Contact number(s):

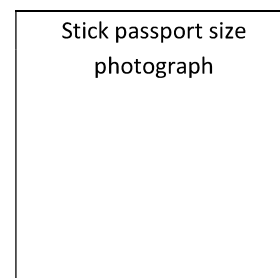
Email id:

9. Educational qualifications (starting with graduation):

Degree	College/ University	Year of passing	Awards/ distinctions/ honours

10. Professional experience (in the chronologically descending order beginning with the current position):

Designation	Hospital/ Institute	Duration	Special experience/ honours if any



11. Additional academic achievements/ professional activities:

12. Number & list of publications (beginning with the most recent publication, list all publications with the complete reference): attach the list

13. Mention briefly (in not more than 250 words) your reasons for applying for this fellowship and how you think it would help you in your medical practice:

Date:

Place:

Signature of the applicant

Comment by forwarding authority

Director / Principal / Dean of the Institute / Medical College (Signature and Stamp)