APPLICATION FORM FOR THE POST DOCTORAL FELLOWSHIP & POST DOCTORAL CERTIFICATE COURSES, GIPMER

Programme:- _____

Category (tick any:- GEN/SC/ST/OBC/PH (attach certificate)

Paste your latest passport size self attested photograph

1.Name in Block letter_____

2.Father's /Husband's Name:_____

3. Correspondence Address(In Block letters)_____

_____

4.Permanent Address:_____

_____

5.Mobile No._____

6. Email Address_____

7.Date of Birth_____

8.Present age (as on 01.01.2026)_____years_____months_____days

9.Educational Qualification: (Self attested copies of certificate be enclosed):

S.No.	Exam Passed	Year	Board/ University	% of marks	No. of Attempt
1					
2					
3					
4					
5					

10.Delhi Medical Council /NMC Registration No. _____

11. Whether worked as Senior Resident on Adhoc/Regular basis:

Name of the Institution	Worked as	Period of appointment		Specialty in which worked
		From	To	

12. Date of Passing of

DM/M.Ch./M.D/M.S__ _____(Attach Annexure)

13. Details of Publications :- _____ Attach Annexure)

14. Conference Attended :-_____

15. Details of the Demand Draft :_____

Demand Draft/TR-V No.	Date of Issue	Name of the issuing Bank

(Note:- Candidate must write his/her Name applied for on the reverse side of the demand draft/TR V)

I hereby solemnly declare and affirm that the above statements made by me are correct and complete to the best of my knowledge and belief. I understand that in the event of any information/fact being found untrue/false/incorrect my candidature is liable to be cancelled /terminated besides taking any other action deemed fit in this regard. I shall abide by the terms and conditions as prescribed.

Date_____

Place_____

Details of Enclosures:

Name:_____

Signature of the Candidate :_____