

ST. JOHN'S MEDICAL COLLEGE, BANGALORE

DEPARTMENT OF PATHOLOGY

Application form for Fellowship Course in PEDIATRIC PATHOLOGY

- Name of the Candidate:

- Date of birth:

- Age:

- Gender:

- Married/Single:

- Nationality:

- Religion:

- Languages known:

- Contact details of the candidate:
 - Address:

 - Mobile No.:

 - E-mail ID:

- Qualification: Tick whether MD/DNB

- Education:

Degree/ Postgraduate/ Superspeciality	Name & address of Institution	University	State Medical Council Reg. No. & Date	NMC Recognised (Yes/No)

- Particulars of examinations, from School Leaving exam upwards, including unsuccessful attempts:

Examination	Year of Passing	Class/ Division	Percentage	No. of attempts
School:				
Pre-university college:				
Professional - UG				
• MBBS I year				
• MBBS I year				
• MBBS III year part 1				
• MBBS III year part 2				
Professional - PG				
• Degree: MD/DNB				
• Diploma: DCP				
Professional - Superspeciality				
• DM				

- **Experience (Teaching & Non-Teaching; In NMC recognised Institutions: Experience as Senior Resident, Assistant Professor, etc to be shown separately)**

Institution	Position held	Date		Total experience (Yrs/Months/Days)
		From	To	

- **Whether working in any Institute at present: Yes/No**
 - Name of the Institute:
 - Current designation:
 - Whether the candidate is being sent on deputation: Yes/ No
 - If yes, letter stating that he/she is being sent on deputation from the Head of the Institution and forwarded by the Head of the Department.
- **Extra-Curricular:**
 - Sports:
 - Cultural activities / Hobbies:
- **References: Give name & address of 2 persons holding responsible positions, not related to you, and are closely acquainted with your work and conduct:**

Name:	Name:
Address:	Address:
Contact No.:	Contact No.:
Email ID:	Email ID:

- **UTR / Transaction No. of application fee payment (Rs. 250/-): _____**

I certify that the statements made in the application and the appendices are true and complete to the best of my knowledge and are made in good faith.

Place:

Date:

Signature of the Applicant

Documents to be submitted:

- Self-attested copies of all Degree/ Diploma certificates, marks cards, as also certificates of Honours, Distinctions, Prizes, Scholarships, etc.
- Deputation Letter from the Head of the Institution and forwarded by the Head of the Department
- List of publications if any
- Statement of purpose (in 300 words) - as to why you want to do this program.

Kindly send this application with the above scanned documents to:

- hod.path@stjohns.in
- Copy to: maria.b@stjohns.in

Last date of application: 15th June 2023

The selected candidate will be informed by email/mobile no. provided by the candidate by the 20th of June 2023

Course commences on 1st July 2023

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