

FELLOWSHIP PROGRAMME FOR MEDICAL POST GRADUATES

Apollo Hospitals Guwahati , Unit International Hospital , Guwahati invites applications from Post- Graduates for the following Fellowship Programmes under Apollo Hospitals Education and Research Foundation (AHERF)

Fellowship	Minimum Qualification	Number of Seats
Renal Dialysis	MD/DNB(Medicine/Pediatrics)	1
G I Endoscopy	MD/DNB(Medicine/Pediatrics)	1
Hepatology	MD/DNB(Medicine/Pediatrics)	1
Stroke	MD/DNB(Medicine/Pediatrics)	1
Developmental Paediatrics	MD/DNB(Pediatrics)	1
IVF	MD/DNB(Obst &Gynae)	1

The duration of the course is 1 year.The course will commence from 1/7/2017.The Fellows will be engaged as senior Registrar. Monthly remuneration Rs. 75,000/- only Selection will be on merit and interview.

Candidates with requisite qualification may apply to **the Assistant Director Medical Services , Apollo Hospitals Guwahati , Unit international Hospital, G S Road , Guwahati-781005** furnishing the following particulars provided in **Annexure B** on or before 10.06.2017.

ANNEXURE B (For the candidate)



Speciality.....

5. Permanent Address :-

Name.....

Address.....

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Telephone No.(Residence)..... Mobile No

E-Mail.....

6. (a) Educational Qualifications :-

Examination Passed	Name of university /Board / State	Year of Passing	%/ Marks
1. M.B.B.S.			
2. MD/MS/DNB			
3.Others			

(b)Papers published

(i)

(ii).....

(iii).....

(iv).....

7. Experience/Details of employment (as per format)

Speciality/ Discipline/ Department	Name of the Hospital	Designation	Period		Total Period
			From	To	

8. I hereby declare that
- Particulars given in this application form are true and accurate to the best of my knowledge and belief.
 - I hereby undertake to abide with and strictly follow the code of conduct and discipline of the hospital.
 - I agree to undergo the training in the course applied for, and, undertake to abide with the Rules & Regulations of Apollo Hospitals.
 - Any change in my personal particulars given above will be notified immediately on occurrence to the Academic Advisor office of the Hospital.
 - Joining of the candidate is subject to his/her medical fitness. The medical examination of the candidate shall be done by the Medical Board of this hospital/institute. Candidate found fit in the medical examination shall only be allowed to join the clinical fellowship.

Candidate Name in block letters

Date: / /

Signature of the Candidate

(Use only Blue /Black Ballpoint Pen)

CHECK-LIST OF DOCUMENTS REQUIRED TO BE ATTACHED WITH THIS FORM

Please enclose attested copies by a Gazetted Officer/Self Attested of the following certificates with your application in the order given below:

- M.B.B.S. Degree & all Mark sheet
- MD/MS/DNB/DM/MCh(as applicable)
- Self-attested copies of Matriculation / Higher Secondary certificate/ Driving Licence/ Passport showing date of birth.
- Registration Certificate of State Medical Council.
- Two passport size photographs

