



Sri Shankara Cancer Hospital & Research Centre

Shankara Math Premises, 1st cross, Shankarapuram, Basavanagudi,
Bengaluru – 560 004. Phone: 08 – 2698 1100 / 1000

APPLICATION FOR THE YEAR 2020 ~ 2021 POST GRADUATE FELLOWSHIP PROGRAMME

Photo

Name of the course: _____

1. Name :-.....
(in block letters as entered in qualifying examination)

2. Name of the father / :-
guardian / husband

3. Date of Birth (DD/MM/YYYY) :

4. Sex: Male / Female

5. Nationality: -

6. State of Domicile: -

7. Present Residential Address:
.....
.....

8. Permanent Residential Address:
.....
.....

9. Contact Particular

Mobile Number	Alternate Mobile Number	Email ID

10. Details of examination appeared / passed

Examination	Name of the school / college & place	Board / University	Subject of examination	Years of passing	% of marks
MBBS / BDS			Not applicable		
Diploma					
MS / MD / DNB / MDS					
DM / M.Ch / DNB					
Additional qualification if any					

12. Any other matter related to academic excellence: -

13. List of Published Research journals / Paper presentation / Research projects:- if any NO/ YES; If YES, details:

14. Brief outline of work experience.

15. Current position / appointment / Name of the institution:
.....

16. If you are employed/ studying some other course, a letter of 'No-objection' from the employer/institution must be produced/ attached along with the application.

17. Experience if any, in specialty applied for:- NO / YES; If YES, a brief description here:

Declaration

I hereby declare that the particulars given in this application form are correct. In the event, any information furnished by me is found to be false or incorrect before or after the test / interview, the authority conducting the test/ interview can cancel my candidature, selection or admission as the case may be.

Signature of the candidate

Name;

Place:

Date:

Instructions for filling the form:

- Please use ball pen
- Paste the photograph (recent passport size) within the box given.
- Incomplete applications will not be accepted
- Application fee is not refundable.
- You should subscribe on the envelope as “Application for fellowship Program in _____” (Name of the course you choose).

General Instructions:

1. The short listed candidates should attend the interview at their own cost.
2. Selection is based on RGUHS guidelines and regulations.
3. Entrance examination will comprise of theory paper of 2 hours and VIVA VOCE.
4. The Fellowship courses are conducted as per the prescribed curriculum. Examinations will be held under the aegis of Rajiv Gandhi University of Health Sciences, Karnataka. Successful candidates will be awarded Fellowship Certificate by RGUHS, Karnataka.
5. The candidate shall report at the Academic cell at 09.00 AM for the written examination and Viva Voce.
6. Please submit the completed application form by hand, registered / speed post or courier on or before **20th August, 2020 with DD or NEFT Transfer of Rs: 1,000/- drawn** in favor of Sri Shankara Cancer Hospital payable at Bangalore.

BANK DETAILS FOR NEFT

NAME OF ACCOUNT	:	Sri Shankara Cancer Hospital
NAME OF THE BANK	:	Central Bank of India
BRANCH	:	JC ROAD
ACCOUNT TYPE	:	Current Account
ACCOUNT NO	:	3200607164
IFSC	:	CBIN0280849 (5th letter is zero)

Address of Correspondence: -

Academics Section,

Sri Shankara Cancer Hospital and Research Centre

Shankara Math Premises, 1st Cross, Shankarapuram,

Basavanagudi, Bangalore -560004, India

Ph-080- 26981033/ 1000/ 1001, 080-46484444 / 4451

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