Instructions for filling in the application form

1. Candidates are required to fill in the application form in Block letters.
2. Incomplete or illegible application forms will not be considered.
3. Candidates are required to give complete postal address and e-mail IDs for correspondence
4. Applications will not be considered complete unless they are accompanied by a) Statement of purpose; b) Academic/Professional reference and c) Demand Draft.
5. Statement of purpose - a brief statement on why you wish to pursue this training programme and how you would use the training (maximum of 300 words).
6. Two Passport size recent colour photographs. One photograph to be affixed in the space given.

Completed applications should be sent to Programme Coordinator, National Fellowship In Palliative Medicine, Christian Medical Association of India, A-3, Plot No.2, Local Shopping Center, Janakpuri, New Delhi 110058

NATIONAL FELLOWSHIP IN PALLIATIVE MEDICINE

Application Form For Academic Year: ……

Name _____

(In Full-as appearing in MBBS/BDS certificate)

Father's/Husband's Name _____

MCI/DCI Reg. No. _____ Date of Reg _____ State _____

Date of Birth _____ Sex _____

Correspondence Address _____

Street _____ City _____

State _____ Country _____ Pin _____ E-mail _____

Tel.No. Office _____ Residence _____

Permanent Address _____

Street _____ City _____

State _____ Country _____ Pin _____ Phone _____

Details of Examination passed (Self-attested copies of certificates to be attached)

Medical College	University	State	Month/ Year	% of Marks

Date of completion of internship _____

Application Fee:	Application fee	Rs. 200/-
	Additional fee for Overseas candidate	Rs. 300/-
	TOTAL	Rs _____

* Strike out if not applicable

Bank draft should be made in favour of “Christian Medical Association of India” payable at New Delhi

Bank Draft No _____ Date _____ Amount (Rs.) _____

Name & Address of the bank _____

List of Enclosures: (Please tick)

Bank Draft

Self-attested copies of

a) MBBS/BDS Degree Certificate
b) MBBS/BDS Transcripts
c) Proof of undergoing/completed internship
d) Registration certificate of MCI/State Medical Council/Dental Council
e) Two recent passport size colour photographs.
f) Professional/academic reference letter by the referee
g) Statement of purpose

I have read the general instructions and the rules and regulations of National Fellowship on Palliative Medicine and shall abide by them.

Date: (Signature of applicant)