



Swami Rama Himalayan University

(A University estd. under section 2(f) of UGC Act & enacted vide Govt. of Uttarakhand Act No.12 of 2013)

Swami Ram Nagar, Jolly Grant, Dehradun- 248016, Uttarakhand

Application Form for Admission in Fellowship Programme

Name of the programme applied for:-

Name (in block letters)		Affix your recent passport size colour photograph
Father's/ Husband's Name		
Date of Birth (DD/MM/YYYY)		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone	Res: Mobile:	
E-mail		
Religion		
Category (SC/ST/OBC/Person With Disability)		
Permanent Address with PIN Code and Phone No. with STD code		
Present Address with PIN Code and Phone No. with STD code		

ACADEMIC RECORD (attach photocopies) :

Examination Passed	Name of Institution/Board/ University	Duration From - To	Year of Passing	Aggregate Marks (%)	Division Obtained
X Class					
XII Class					
MBBS					
MD/MS					
Others, if any					

Registration No. with State Medical Faculty:

Registration No. with Medical Council of India (MCI):.....

WORK EXPERIENCE (attach photocopies) :

Period of Service (from - to)	Employer's Name and Address	Position

RESEARCH PUBLICATIONS AND/OR BOOK(S) AUTHORED/EDITED:

SEMINARS/CONFERENCES/WORKSHOPS ETC. ATTENDED:

PATENT, if any :

Demand Draft of Rs. 5,000/- (Rupees five thousand only) drawn in favor of “Swami Rama Himalayan University” payable at State Bank of India, Jolly Grant, Dehradun, to be submitted alongwith this application form.

DECLARATION

I certify that I satisfy all the requirements of the Fellowship Programme in Critical Care Medicine of Swami Rama Himalayan University. I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I also understand that the decision of the Admission Committee regarding my admission will be final.

Place:

Date :

Signature of Applicant

Enclosures: