

APPLICATION FEE : Rs. 1,000/-

Serial No.

INSTITUTION CODE:

COURSE CODE:

The Tamil Nadu Dr. M.G.R. Medical University, Chennai – 32.

Application For Registration of POST DOCTORAL FELLOWSHIP PROGRAMME

(Incomplete Applications will be Rejected)

1. Name of Postdoctoral Fellowship applied:

2. Particulars of the Applicant:

- a. Name in Block Letters :
b. Date of Birth & Age :
c. Father's Name :
d. Permanent Address :



Signature & Seal
of Head of the Institution

e. Present Address :

f. Mobile No. :

g. email ID :

h. Land Line No. :

3. For Service Candidates

- a. Designation :
b. Department :
c. Name of the Institution :
d. Address of the Institution :
e. Telephone No. / Fax No. :
f. email ID :

4. Academic Qualification :

(Attested copies of the degrees to be enclosed) (xerox copy)

Degree	Name of Degree	Name of Institution	Name of University	Month/Year of Passing	Class or % of Marks
UG					
PG Diploma					
PG Degree					
Higher Speciality					

5. Date of Joining the course :

....2.

...2....

6. Category in which admitted to the course :
(Management quota / Govt. quota)
7. Institution Name/ Address where applied at present :
8. Candidates Academic Distinctions /
Publications / Research Experience etc. :
9. Is the qualification recognized by MCI or :
anyother council
(Give proof, if PG degree is from another university
other than the TN Dr.MGR Medical University)
10. Is there any Sponsorship :
11. Employment Status :
(a) Unemployed
(b) Employed : Government / Private
(If Government Service – NOC from State
Government to be enclosed)
12. Eligibility Certificate Number and date :
13. ONE YEAR EXPERIENCE (Attached Experience :
Certificate for the following courses:
(i) PAEDIATRIC NEPHROLOGY
(ii) REPRODUCTIVE MEDICINE
(iii) FETAL MEDICINE
(iv) MATERNAL FETAL MEDICINE
14. Application / Registration Fees paid Details :
Challan No. / DD No. / NEFT / RTGS No.
Date :
Amount :

DECLARATION BY THE CANDIDATE

I declare that the above mentioned particulars are true and I will not claim/ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the University as framed from time to time

Signature of the candidate with Date

CERTIFICATE BY THE HEAD OF THE INSTITUTION

The above mentioned details are certified to be true after due verification with the relevant documents and I hereby recommend the candidate for registration.

Signature of the Head of the Institution