|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NATIONAL FELLOWSHIP IN PALLIATIVE MEDICINE**  Application Form for Academic Year: ………….  Name (In Full-as appearing in certificate)  Father's/Husband's Name | | | | | Paste your photo here | | | |
| Date of Birth Gender  **Correspondence Address**  Street/Area City/Town District State Country Postal code E-mail  Phone Number: Office Residence  **Permanent Address**  Street/Area City/Town District \_ State Country Postal code E-mail  Phone Number: Office Residence  Details of Examination passed (Self-attested copies of certificates to be attached) | | | | |  | | | |
|  | Medical College | University | State | Month | | Year | % of marks |  |
|  |  |  |  | |  |  |
| Period of internship Institution Application Fee: Application fee Rs. 200/-  \*Additional fee for Overseas candidate Rs. 300/- (Strike out if not applicable) TOTAL Rs  **List of Enclosures:** (Please tick)   1. MBBS/BDS Degree Certificate 2. MBBS/BDS transcript 3. Proof of undergoing or completed internship 4. Registration Certificate of MCI/State medical council/Dental council 5. Two Passport size recent colour photographs. 6. Professional/academic reference letter by the referee 7. Statement of purpose 8. NEFT receipt of application fee   I have read the general instructions and the rules and regulations of National Fellowship in Palliative Medicine from the prospectus and I shall abide by them.  Date: (Signature of applicant) | | | | | | | | |

MCI/DCI Reg. No Date of Reg State