

BAPIUJI EDUCATIONAL ASSOCIATION (Regd.)
J. J. M. MEDICAL COLLEGE, Davanagere – 577004

Ph: 08192-270522, 231388, 253850 to 253859

ADMISSION NOTIFICATION

For **RGUHS** affiliated Fellowship Programme in “ **PAEDIATRIC ANAESTHESIA** ”

Applications are invited from eligible candidates for the RGUHS affiliated Fellowship Programme in “ PAEDIATRIC ANAESTHESIA ” for the year 2019-2020 at Bapuji Child Health Institute And Research Centre, an exclusive paediatric teaching hospital attached to J. J. M. Medical College, Davanagere.

Sl No	Course	Eligibility	Duration	Commencement of course
1.	Paediatric Anaesthesia	MD / DNB (Anaesthesiology) or its equivalent / DA with 2 years experience	1 year	3 rd Setember 2019

(a) Preference will be given to candidates having three years experience after post graduation in the concerned speciality

(b) The application form can be downloaded from the college website:

(c) Completed application form, relevant attested certificates to be submitted to:

The Principal, J. J. M. Medical College, Davanagere – 577004 on or before 17th August 2019.

For any further queries please contact:

Dr. Uma B. R.

Paediatric Anaesthesiologist & Fellowship coordinator

Department Of Anesthesiology & Critical Care,

J. J. M. Medical College, Davanagere

Ph: 9886497404, e-mail: umarajshekar9@gmail.com

Sd/-
Principal

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(for office use only)

APPLICATION FORM
BAPIUJI EDUCATIONAL ASSOCIATION (Regd.)
J. J. M. MEDICAL COLLEGE, Davanagere – 577004
Ph: 08192-270522, 231388, 253850 to 253859

APPLICATION FOR FELLOWSHIP PROGRAMME IN PEDIATRIC ANESTHESIOLOGY

1. Name _____

2. Father's / Husband's Name _____

3. KMC Reg. No. _____

4. Date of Birth _____

5. Correspondence Address : _____

City _____ Pin _____

State _____ Country _____

Phone (Mobile) _____ E mail _____

6. Permanent Address : _____

City_____ Pin_____

State_____ Country_____

7. Details of Examination Passed (Attested copies of certificates to be attached)

Examination	Medical college	University	State	Month/Year	Marks secured in the qualifying exam & %	No. of Attempts
MBBS						
Post Graduate Degree						
Diploma						
Others						

8. Details of Teaching Experience (Attested copies of certificates to be attached)

Sl.No.	Name & Address of Employer/Institution	Period of Service		Designation of post held
		From	To	

9. Marks cards and Certificate to be enclosed along with application as per prospectus:

1.	4.
2.	5.
3.	6.

I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed /distorted. If at any time I am found to have concealed/distorted any material information, my appointment shall be liable to summary termination without notice/compensation.

Place:

Date:

Signature of the Candidate