

## Application Form

IAP Fellowship in Pediatric Hematology-Oncology at  
MCGM - COMPREHENSIVE THALASSEMIA CARE,  
PEDIATRIC HEMATOLOGY-ONCOLOGY & BMT CENTRE  
(A Satellite Centre of LTM Medical College & General Hospital, Sion)

Academic Year: 2018-20

Please Affix  
your  
Passport  
size  
photograph

1	Full Name of the Applicant	
2	Address for Correspondence	
3	E-mail ID	
4	Mobile No.	
5	Gender	
6	Date of Birth	
7	Nationality	
8	Domicile	
9	Caste & Sub-Caste	
10	Category	
11	Marital Status	
12	Physically Handicapped?	
13	Educational Qualification:	
	Whether Post-Graduate Diploma / Degree Qualification?	
	If Yes, no. of Attempt(s)	
	Under-Graduate Percentage	
	XII Percentage	

Exam Pass	Year of Passing	Name of Board / University	Name of Institute / College	Result / Attempt(s)	Total Marks / Percentage	Grade

14	Professional Work (teaching / non-teaching) Experience of being worked on the post of Resident (Senior for PG Degree / Diploma Holder and Junior for Graduate degree holder) / Tutor / Lecturer / Medical Officer	
15	Registered Practitioner details with respective State/ Central Registrations Council Completed?	
16	Publications and Awards	

**DECLARATION**

The above furnished information by me is correct and true to the best of knowledge and belief. If any information submitted here is incorrect, untrue or fraudulent, I understand that I am liable for Civil / Criminal action by the Authority.

Place:

Date:     /     / 2018

Signature of Applicant

**List of Documents: -**

- 1) Details of the Original documents to be submitted at the time of counselling at Training Centre along with two sets of self-attested photo copies by the candidate as per below:
- 2) An incomplete application form will be rejected.
- 3) Following self-attested photocopies are required to be submitted along with the application form strictly in given order:

Sr. No	List of Documents Required for IAP PHO Fellowship for A.Y. 2018-20.
1.	Identity Proof & address Proof: a. Aadhar Card/ Passport
2.	Passing /Degree Certificate and Mark list (s) of all qualifying examination a) Higher Secondary Certificate (HSC) Examination Mark list, b) Under Graduate (UG) Final Year Part-I & Part-II Mark list, c) MD/DNB Pediatrics Certificate
3.	Valid Registration certificate from the Respective Council or attach renewal receipt.
4.	Attempt Certificate(s) of all qualifying examinations in Post Graduate / DNB / Diploma / Degree (as the case may be) course from Head of the Institute (If applicable)
5.	Gazette for change in name/ Marriage Certificate (If applicable)
6.	Experience Certificate of Professional work (teaching / non-teaching) Experience of being worked on the post of Resident (Senior for PG degree/ Diploma Holder and Junior for Graduate degree holder) / tutor/ lecturer/ medical officer
7.	Publications





