

**MUNICIPAL CORPORATION OF GREATER MUMBAI**  
**COMPREHENSIVE THALASSEMIA CARE,**  
**PEDIATRIC HEMATOLOGY-ONCOLOGY & BMT CENTRE**  
**Borivali (E), Mumbai - 400066**

Date: 29/06/2020

**IAP Fellowship in Pediatric Hematology-Oncology**

**Admission for Academic Year 2020-2022**

**Name & Address of the Concerned Institute:**

MCGM - Comprehensive Thalassemia Care, Pediatric Hematology-Oncology & Bone Marrow Transplant Centre, Borivali (E)

**Address** - CTS 163A/165, CCI Compound, Opposite Kanakia Exotica, Borivali (E), Mumbai - 400066.

Applications are invited from eligible candidates for admission in Fellowship course (2 years) in Pediatric Hematology-Oncology under the aegis of Indian Academy of Pediatrics, for Academic Year 2020-2022 in prescribed formats along with essential documents.

Sr. No.	Name of Course	Duration	Available Seats	Eligibility
1	<b>Fellowship Course in Pediatric Hematology-Oncology</b>	<b>2 years (AY 2020 - 2022)</b>	<b>4</b>	<b>MD/DNB - Pediatrics</b>

Desirous candidates may apply on or before **14.07.2020 by 5 pm**. The prescribed form can be downloaded from the website.

Interviews will be held online on **15.07.2020, Thursday from 12.30 to 01.30 pm**.

For other details, visit [www.ltmgh.com](http://www.ltmgh.com) Or Contact our Centre on Tel. No - 022-28541017/022-28541018 or Email - [borivlibmt@gmail.com](mailto:borivlibmt@gmail.com)

**Indian Academy Of Pediatric (IAP)**  
**Application Form for Admission to Fellowship Courses**  
**Academic Year : 2020-2022**

Please Affix  
your Recent  
Passport  
size  
photograph

Application No. AY2020-2022/FPHO/.....

MCGM-Comprehensive Thalassemia Care,  
Pediatric Haematology-Oncology & Bone  
Marrow Transplantation Centre,  
Borivali (E), Mumbai-400066 022-28541017/18

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	Marital status	
10	Physically Handicapped Yes/No	
11	Educational Qualification: Whether Post-Graduate Diploma / Degree Qualification?	
	Number of Attempt(s)	

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

12	Registered Practitioner details with respective State/Central Registrations Council Completed? Registration No. -		
13	Experience Detail.		
	Name of Institute	Post Held	Period
			From

### 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 : / / 2020

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. 2020-22
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