

**APPLICATION FORM FOR POST GRADUATE FELLOWSHIP COURSE IN
MINIMAL ACCESS SURGERY IN UROLOGY**



NAME: _____
FIRST NAME MIDDLE NAME SURNAME

DATE OF BIRTH _____ (DD/MM/YYYY) AGE _____ GENDER _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

MOBILE NO: _____ EMAIL ID: _____

EDUCATIONAL QUALIFICATION:

QUALIFICATION	COLLEGE / UNIVERSITY	NO OF ATTEMPTS / YEAR	PERCENTAGE OBTAINED

MCI / MMC REGISTRATION NUMBER: _____

CLINICAL EXPERIENCE: _____

SIGNATURE OF CANDIDATE

(see instructions overleaf)

INSTRUCTIONS TO CANDIDATES

1. All entries must be made in block letters.
2. Forms with incomplete or incorrect information will be rejected without assigning any reason.
3. Completed forms (along with required xerox copies of certificates) must reach the Institution before 30th March 2018 at the address indicated below.
4. Interview date will be intimated by email / phone.
5. Documents must be attached in the following order:
 - a) MBBS Degree Certificate
 - b) MCh / DNB Degree Certificate / Equivalent Foreign Qualification
 - c) MMC / MCI registration Certificate (Current)

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