

Government Medical College Hospital, Sector 32, Chandigarh
Department of Pediatrics

Submit to: Academic Branch, Government Medical College Hospital, Chandigarh

APPLICATION PROFORMA FOR IAP
NEONATOLOGY CHAPTER FELLOWSHIP

Name of candidate: Dr. _____

Father's Name: _____

Date of Birth: _____ Age: _____ years Sex: M / F

Address: _____

Contact numbers: _____

Email: _____

Qualifications: _____

Qualification details: (Please attach copy of Marks sheet and Passing certificate)

S no.	Qualifying exam	Year of passing	Marks obtained	% of Marks	Rank if any	No. of Attempts	Institute / University	MCI Recognized
1	MBBS							
2	DCh							
3	MD							
4	DNB							
5	Any Other							

Past professional experience:

S. no	Institute's name and location	Position held	Tenure in months	Year of working	Teacher's name	Certificate attached? Y / N
1						
2						
3						
4						
5						
6						

Details of Application fees: Demand Draft amount _____

number _____ dated _____ drawn from bank _____

Candidate's passport size Photograph

Candidate's Signature

List of Certificates and other documents attached

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 14) _____
- 15) _____