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(For office use only)

**APPLICATION FORM**  
**INDIRA GANDHI INSTITUTE OF CHILD HEALTH**  
**AUTONOMOUS INSTITUTE**

South Hospital Complex, Dharma ram College Post, Bangalore -29  
Email: [igichfellowship20@gmail.com](mailto:igichfellowship20@gmail.com) Ph:080-22443143/22442421  
Website: [www.igich.karnataka.gov.in](http://www.igich.karnataka.gov.in)

APPLICATION FOR FELLOWSHIP PROGRAMME IN PAEDIATRIC  
INTENSIVE CARE / PEDIATRIC NEUROLOGY / NEONATAL INTENSIVE  
CARE / PEDIATRIC ADOLESCENT & ENDOCRINOLOGY / PEDIATRIC  
ANESTHESIA / PEDIATRIC DERMATOLOGY / PEDIATRIC  
PULMONOLOGY / PEDIATRIC GENETICS / PEDIATRIC ORTHOPEDICS /  
PEDIATRIC RADIOLOGY/ PEDIATRIC OTORHINOLARYNGOLOGY /  
PEDIATRIC NEPHROLOGY / PEDIATRIC MINIMALLY INVASIVE  
SURGERY/ PEDIATRIC UROLOGY.

Passport size  
photograph

**I General Information:**

1 Name: \_\_\_\_\_

2 Father's / Husband's/ Guardian Name: \_\_\_\_\_

3. KMC Reg. No: \_\_\_\_\_

4. Date of Birth : \_\_\_\_\_

5. Correspondence Address :

\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_

PIN: \_\_\_\_\_ Country: \_\_\_\_\_

Phone(office)/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

6. Permanent Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

7. Mobile No:

8. Email ID:

**II Qualifications:**

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

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

Medical/ Dental Council Reg. No.(State/Central):

10. 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	

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

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1. Education Qualification

SSLC Marks Card (Date of Birth)	
12 <sup>th</sup> Standard Marks Card	
MBBS/BDS Marks Card	
MBBS/BDS Degree Certificate	
Internship Certificate(One Year)	
PG Marks Card	
PG Degree Certificate	
UG & PG Registration Certificate(MCI/State)	

2. Experience Certificate

3. Other Documents

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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

**For Office Use**

Received the application through post/ courier/ by hand on.....(Date & Time)

Seal

Received by  
Name:  
Designation:  
Signature: