



**SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES
EPIP AREA, WHITEFIELD, BANGALORE-560066**

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APPLICATION FOR FELLOWSHIP COURSE

GENERAL DETAILS

COURSE APPLIED FOR

ACADEMIC YEAR

DATE OF APPLICATION

**AFFIX YOUR
LATEST PHOTO
HERE**

MODE OF INFORMATION ABOUT THE COURSE

WORD OF MOUTH

NEWSPAPER ADVT

OTHER

WEBSITE

SANATHANA SARATHI MAGAZINE

IF OTHER, MENTION SOURCE _____

PERSONAL DETAILS

NAME OF THE APPLICANT

SEX

DATE OF BIRTH

AGE

MARITAL STATUS

NATIONALITY

PERMANENT ADDRESS

POSTAL ADDRESS

PHONE

MOBILE

EMAIL

EDUCATION DETAILS

Attach copies of UG Degree, Internship, PG Degree, and Registration certificates.

SNo	DEGREE	COLLEGE/ UNIVERSITY	COMPLETED ON	GRADE OR %	NO. OF ATTEMPTS

REGISTRATION DETAILS

UG YES NO PG YES NO

REGISTRATION NUMBER

MCI/STATE MEDICAL COUNCIL

EMPLOYMENT DETAILS

INSTITUTE/HOSPITAL	WORKED AS	DEPARTMENT	FROM	TO

REFERENCES IF ANY (Provide Name, Designation, Hospital/Institute Address, Phone Number and Email ID)

1.

2.

DECLARATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE.

SIGNATURE _____ DATE _____