
Post-Doctoral Fellowship (PDF 2023 - 2024) in Child Psychiatry Application Form

Personal Information:

1. Full Name:
2. Date of Birth:
3. Gender:
4. Contact Number:
5. Email Address:
6. Permanent Address:

Educational Qualifications:

7. MBBS Details:
 - Name of College:
 - Year of Passing:
 - Pass Percentage:
8. Postgraduate Degree (MD/MS/DNB) or PG Diploma:
 - Name of the Degree/Diploma:
 - Year of Completion:
 - Name of the Institution:
 - Registration Number:
 - Pass Percentage:

Additional Qualifications and Achievements:

9. Presentations in Conferences (if any):
 - Provide details of conferences attended and the titles of presentations.

10. Publications (if any):

- List any publications along with details (title, journal, year, etc.).

Current Working Details:

11. Current Institution/Organization:

- Name:
- Designation:
- Address:
- Contact Number:

Fitness:

12. Attach a medical certificate of sound health issued by a civil surgeon.

Additional Documents:

13. Attach the following documents:

- Updated Curriculum Vitae (CV)
- Copies of relevant educational certificates and degrees
- Research report (if available)
- Publications (if any)
- MBBS and MD/DPM pass certificates
- Medical certificate of sound health
- Any other supporting documents
- Medical council registration certificate

Declaration:

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information or omission may result in disqualification from the selection process.

Date:

Signature:
