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## **Post-Doctoral Fellowship (PDF 2024 - 2025) 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:

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