FOR OFFICE USE ONLY :

CHRISTIAN MEDICAL COLLEGE, VELLORE - 632002.

Post Doctoral / Graduate Fellowship Application - 2012

APPLICATION NO. :

Please fill this form in BLOCK LETTERS, ONE FORM per candidate. Please use codes mentioned in the bulletin with (*). Also see instructions.

SECTION I

1. Name (as in University records)

Address for Communication (Do not enter your name here)

PINCODE :

I declare that all information in this form is correct. I understand that falsification of data will result in automatic disqualification.

.....

Signature

Place : **Date :**

PHONE : (STD Code - Number)

MOBILE :

email : .....

Preferably light background Photo Passport Size

Please paste Do not Staple or Pin

2. Sex (M/F) 3. Date of birth (DD MM YY) 4. Religion * 5. Community * 6. State of Domicile *

SECTION II

7. Medical College for MBBS *

8. Medical College / Hospital for internship *

9. Date of (expected) completion of internship

DD MM YY

10. Details of Academic Training

If Sponsored enclose sponsorship obligation completion certificate (# Use sponsor codes from the bulletin)

COURSE	SUBJECT	(Expected) DATE OF COMPLETION	SPONSOR CODE (#)	DURATION OF OBLIGATION IN YRS	(Expected) DATE OF COMPLETION OF SERVICE OBLIGATION
MBBS/BDS					
DIPLOMA					
PG DEGREE					
DNB					

11. Work experience at CMC, Vellore if any: (USE separate sheet if necessary)

Designation	EMP No	Appointing authority	Date of appointment From	Date of appointment To	Months of service
		Principal / Med. Supdt.			
		Principal / Med. Supdt.			

SECTION III

12. Course(s) applied for **IN ORDER OF PREFERENCE**

Preference	Course Code*	Paper Code*	Spon Code*
1st preference			
2nd preference			

13. Will you have fulfilled **ALL THE ELIGIBILITY REQUIREMENTS INCLUDING COMPLETION OF SPONSORSHIP OBLIGATION** as detailed in the bulletin, within the time of admission for the course(s) applied to above (Y/N) (If No, give details separately.)

THIS FORM COMPLETE WITH ALL ENCLOSURES TO REACH THE REGISTRAR, CMC, VELLORE 632002, BY 16th JANUARY 2012