

**DAYANAND MEDICAL COLLEGE & HOSPITAL
LUDHIANA**



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**APPLICATION FORM FOR FELLOWSHIP
IN
REGIONAL ANAESTHESIA & ACUTE PAIN
under
Academy of Regional Anaesthesia of India
AORA**

PLEASE WRITE IN BLOCK LETTERS

1. Applicant's Name : _____
2. Date of Birth : _____
4. Father's Name : _____
- Occupation : _____
5. Mother's Name : _____
- Occupation : _____
6. Spouse's Name (if married) : _____
- Occupation : _____
7. Complete Correspondence Address : House No _____
- _____
- Tel.No. _____ Mobile _____ email: _____

8. Educational / Academic Qualifications : (Graduation onwards) in chronological order.

Degree / Diploma	Year of Passing	Marks	Attempt	Institute	University

9. Work experience, in chronological order. (All experience quoted below must be supported by certificates from competent authorities, attached with the application).

Designation	From	To	Duration	Employer/ Institution	Reasons For leaving

10. Central / State Medical Council with which applicant is registered: _____

Registration : No. _____ date _____

NNF Membership No.: Central/National : _____ State : _____

11. **Prizes and Distinctions** (attach extra sheet if necessary)

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12. **Courses/conferences attended** (attach extra sheet if necessary)

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13. **Research: Projects/Thesis/Publications/Presentations/Posters** (attach extra sheet if necessary)

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Referees: **Please give details of two professional referees, one being your supervising Consultant**

1.	Email: Phone(s) : Current position:
2.	Email: Phone(s):

	Current position:
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SOLEMN DECLARATION:

I hereby solemnly declare and affirm that the information given on this form is true, complete and correct to the best of my knowledge and belief and that I have not withheld or misrepresented or concealed anything which would affect my employment in the institution. I also understand and agree that if any information is found to be false or incorrect, at any stage, my tenure shall be liable to summary termination, without prior notice or any compensation.

Date _____

Signature of the applicant

Place _____

Attach Photostat copies of the following documents and bring the original at the time of interview:

- Complete Bio-data
- Proof of Date of Birth
- MBBS Marks Sheet: 1st, 2nd, 3rd prof.
- Internship completion certificate
- Character & attempt certificate
- MBBS Degree,
- MD/DNB/DCH Degree
- MD/DNB/DCH Marksheet
- Certificates regarding MCI approval of degrees
- Permanent Registration Certificate (PG qualification)
- Experience Certificates
- Photo ID
- PAN card