

DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA



APPLICATION FORM FOR FELLOWSHIP IN PEDIATRIC INTENSIVE CARE

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coloured Passport
size
Photograph

PLEASE WRITE IN BLOCK LETTERS

Please tick-

Application Form For 1year (Diploma) Course - Yes/No

Application Form For 2 year (Fellowship) Course - Yes/No

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 | Attempt | Institute | University |
|------------------|-----------------|---------|-----------|------------|
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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 |
|-------------|------|----|----------|-----------------------|---------------------|
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10. Pediatric critical care facilities available in your place of work: Yes/No

If yes: Place- No of beds- Name of director-

Details :

11. a) Pediatric advanced life support course (PALS) : Yes/No

Date of certification:

b) Neonatal Advanced Life support (NALS) : Yes/ No

Date of certification:

c) Any other special training:

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

Registration : No. _____ date_____

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

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

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

16. Duration/details of experience in Pediatric critical care: (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: |

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 any thing 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
- M.D Degree /DCH
- Permanent Registration Certificate (PG qualification) by medical council
- Photo ID