



APPLICATION FORM
POST DOCTORAL FELLOWSHIP IN ARTHROPLASTY-2024-25.
BIRRD TRUST HOSPITAL, TTD, TIRUPATI
 (UNDER Dr NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA)

Name:

Age:

Date of Birth:

Gender:

Address:

Phone No:

Cell No:

Email:

Marital Status:

QUALIFICATION

	INSTITUTION	UNIVERSITY	YEAR OF PASS
MBBS			
MS/ DNB			

Registration No:

Valid up to:

Addl. Qualification Registration No:

MARKS

	Percentage (%)	Attempts
Final MBBS		
MS/DNB		

Present Employment:**Institute:****Designation:****Employed since:****Notice Period:****Senior Residency of 01 year completed:**

Yes / No

EXPERIENCE

After Post Graduation:

Sl.No	Institute	Post	Duration (from to)
.			

Arthroplasty:

Sl.No.	Institute	Post	Duration (from to)

Thesis:**PUBLICATIONS**

Sl.No.	Title	Journal (Index / Non- index)	Author 1 st / 2 nd / 3 rd

POSTER / PAPER PRESENTATIONS

Sl.No.	Title	Conference	Year & Venue

Medals / Awards:**DECLARATION**

I, Dr _____, declare that all of above mentioned information is true to best of my knowledge. I am aware that undue discrepancies / falsifications on my part may result in my disqualification at any stage of admission process or during fellowship program.

Place:**Date:****Signature:**

Note: University & BIRRD Trust Hospital reserve right to admission for PDF in Arthroplasty Course. In case of any dispute decision of BIRRD Hospital and the University shall be final.

Self-Attested Photocopies to be enclosed:

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1. MBBS Degree
2. Post-Graduation Degree
3. Valid MBBS Registration with renewal if applicable
4. Additional Qualification registration
5. "No OBJECTION CERTIFICATE" from present Employer / Head of Department for joining fellowship course if selected
6. Curriculum vitae
