## **ANNEXURE B (For the candidate)**





Location of Apollo Hospital	
Clinical fellowship applied for	
Speciality	Photograph
Duration of Clinical fellowship	
PERSONAL PARTICULARS	
L. (a) Name (in capital letters) (as appearing in MBBS certificate)	
(b) Father's / Husband's Name & Occupation	
(c) Reg. No. of State/ Delhi Medical Council Dated	
(d) Reg. No. of MCI Dated	
3. Date of Birth (as per Matriculation Certificate)	
- Dute of Birth (as per matriculation certificate)	
D D M M Y Y Y	
1. Address for correspondence.	
Name	
Address	
Pin	
Telephone No.(Residence)	
reception to the state of the s	

Pin-						
Tele	ephone No.(Resider	nce) Mobile	! No			
E-N	1ail					
Edu	cational Qualificati	ons:-				
	Examination Pas	cod Nama of university /P	aard / Vaar a	f Dossing	9/ / Mark	
	Examination Pas	sed Name of university /B State	oard / Year o	f Passing	%/ Mark	S
	1. M.B.B.S.					
	2. MD/MS/DNB					
	3.Others					
b). Papers published (i)						
(ii)						
(iii)						
(iv)						
		(IV)				
Fxn	erience/Details of e	employment (as per format)				
ZAP		p.o,e.e (do per rormae,				
pecial	ity/ Discipline/	Name of the Hospital	Designation	Per	riod	Total
De	epartment			From	То	Period
						1

Name.....

Address.....

5.

6.

7.

Permanent Address:-

## 8. I hereby declare that

- a. Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- b. I hereby undertake to abide with and strictly follow the code of conduct and discipline of the hospital.
- c. I agree to undergo the training in the course applied for, and, undertake to abide with the Rules & Regulations of Apollo Hospitals.
- d. Any change in my personal particulars given above will be notified immediately on occurrence to the Academic Advisor office of the Hospital.
- e. Joining of the candidate is subject to his/her medical fitness. The medical examination of the candidate shall be done by the Medical Board of this hospital/institute. Candidate found fit in the medical examination shall only be allowed to join the clinical fellowship.

	<u></u>			
Candidate Name in block letters	Signature of the Candidate			
Date: / /	(Use only Blue /Black Ballpoint Pen)			

## CHECK-LIST OF DOCUMENTS REQUIRED TO BE ATTACHED WITH THIS FORM

Please enclose attested copies by a Gazetted Officer/Self Attested of the following certificates with your application in the order given below:

- a). M.B.B.S. Degree & all Mark sheet
- b). MD/MS/DNB/ MCh( as applicable)
- c). Self-attested copies of Matriculation / Higher Secondary certificate / Driving Licence / Passport showing date of birth.
- d). Registration Certificate of State Medical Council.
- e). Two passport size photographs