

Apollo Hospitals Education and Research Foundation (AHERF)

Annexure A (to be filled by the hospital) for approval of department for clinical fellowship

The fellowship training program will take place only at recognized AHERF Fellowship Training Centre. The department will submit the outline of the fellowship program - the various procedures observed by the fellow, the number of scheduled training lectures, clinical presentations, in-house patient management schedules to be trained in and undertaken, research activities, local, national and international presentations.

1. Location of the Hospital (City):
2. Specialization in which the AHERF fellowship is requested for (Please use one form for one specialty):.....
3. Name of Clinical Fellowship:
4. Duration of Clinical Fellowship.....
5. Department Details
 - 5.1 Number of consultants and their list:
 - 5.2 Number of Junior Medical Staff and their list:
 - 5.3 Infrastructure in the Department to support the Fellowship:
 - 5.4 O.P. volume during the last one year:
 - 5.5 I.P volume during the last one year:
 - 5.6 Volume of Procedures during the last one year (if applicable):
 - 5.7 The approved junior medical staff position under which this fellowship position will be absorbed -Registrar/Senior Registrar/ Junior Consultant :
 - 5.8 Name of consultant who would be assigned as a guide to AHERF fellow:

Name: _____

Designation: _____

Telephone: _____ E-mail: _____

3.9 Outline of the training program:

Signature of the Guide/ Consultant:

Signature of the Head of the Academics of the hospital:

Signature of the Medical Head of the hospital:

Signature of Operational Head of the hospital: