

VIJAYA INSTITUTE OF TRAUMA & ORTHOPAEDICS
VIJAYA HEALTH CENTRE, Vadapalani, Chennai – 26.

Application for Registration of POST DOCTORAL FELLOWSHIP PROGRAMME

1. Name of Postdoctoral Fellowship applied:

a. Adult Reconstructive & Trauma fellowship

b. Spine & Trauma fellowship

c. Orthopaedic sport medicine & trauma fellowship

:

2. Particulars of the Applicant:

:

a. Name in Block Letters :

b. Date of Birth & Age :

c. Father's Name :

d. Permanent Address :

e. Present Address :

f. Mobile No. :

g. email ID :

h. Land Line No. :

3. Academic Qualification :

(Attested copies of the degrees to be enclosed) (Xerox copy)

| Degree | Name of Degree | Name of Institution | Name of University | Month/Year of Passing | Class or % of Marks |
|------------------|----------------|---------------------|--------------------|-----------------------|---------------------|
| UG | | | | | |
| PG Diploma | | | | | |
| PG Degree | | | | | |
| Higher Specialty | | | | | |

....2.

4. preferred month of joining the course :

...2....

5. Institution Name/ Address where employed at present :
6. Candidates Academic Distinctions /
Publications / Research Experience etc. :
7. Referee information :
8. MCI Registration Number :

DECLARATION BY THE CANDIDATE

I declare that the above mentioned particulars are true and I will not claim/ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the Institution as framed from time to time

Signature of the candidate with Date

Note:

- Attached the following details.
 1. Attested copies of degree certificates
 2. Experience certificate