



SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES
EPIP AREA, WHITEFIELD, BANGALORE-560066

Ph: 080-28004641,28004640; Fax: 080-28411502/503; Email: registrarblr@sssihms.org.in

APPLICATION FOR FELLOWSHIP COURSE-2017-18

GENERAL DETAILS

COURSE APPLIED FOR

ACADEMIC YEAR

DATE OF APPLICATION

**AFFIX YOUR
LATEST PHOTO
HERE**

MODE OF INFORMATION ABOUT THE COURSE

WORD OF MOUTH ☐

NEWSPAPER ADVT ☐

OTHER ☐

WEBSITE ☐

SANATHANA SARATHI MAGAZINE ☐

IF OTHER, MENTION SOURCE _____

PERSONAL DETAILS

NAME OF THE APPLICANT

NAME OF THE FATHER

SEX ☐

DATE OF BIRTH

AGE ☐

BLD GRP ☐

MARITAL STATUS ☐

CASTE ☐

NATIONALITY ☐

PERMANENT ADDRESS

POSTAL ADDRESS

PHONE

MOBILE

EMAIL

EDUCATION DETAILS

Attach copies of UG Degree, Internship, PG Degree, and Registration certificates.

SNo	DEGREE	COLLEGE/ UNIVERSITY	COMPLETED ON	GRADE OR %	NO. OF ATTEMPTS

REGISTRATION DETAILS

UG YES ☐ NO ☐ PG YES ☐ NO ☐

REGISTRATION NUMBER

MCI/STATE MEDICAL COUNCIL

EMPLOYMENT DETAILS

INSTITUTE/HOSPITAL	WORKED AS	DEPARTMENT	FROM	TO

REFERENCES IF ANY (Provide Name, Designation, Hospital/Institute Address, Phone Number and Email ID)

1.

2.

Please enclose your X Marks card, MBBS Pass Certificate, DM/DNB/Mch Pass certificate and registration Medical Council

DECLARATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE.

SIGNATURE _____ DATE _____