Sri Ramachandra Medical Centre

Department of Obstetrics and Gynaecology

The Fetal Medicine Division of the Department of Obstetrics and Gynaecology, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Programs in

i. Basic Ultrasound in Obstetrics and Gynecology
ii. Advanced Ultrasound in Obstetrics and Gynecology
iii. Fetal Medicine

Course Details:

- **Fellowship in Basic Ultrasound in Obstetrics and Gynecology**
  - **Duration:** Post MD (OB-GYN) or DGO / DNB(OB-GYN), MDRD, DMRD, DNB (Radiology)
  - **Number of seats:** 3 (January batch/ July batch)
  - **Course Duration:** 6 months
  - **Course Fee:** Rs. 1,50, 000/- + GST (18%)
  - **Stipend:** Non-Stipendiary, **Training timings:** 8 AM to 8 PM
  - **Attendance requirement for examination**: 90 %
- **Fellowship in Advanced Ultrasound in Obstetrics and Gynecology**
  - **Duration:** Post MS / MD (OB-GYN) or DGO / DNB(OB-GYN), MDRD, DMRD, DNB (Radiology)
  - **Number of seats:** 2 (January batch/ July batch)
  - **Course Duration:** 12 months
  - **Course Fee:** Rs. 2,25, 000/- + GST (18%)
  - **Stipend:** Non-Stipendiary, **Training timings:** 8 AM to 8 PM
  - **Attendance requirement for examination:** 90 %
- **Fellowship in Fetal Medicine**
  - **Duration:** Post MS / MD (OB-GYN) / DNB (OB-GYN) / MRCOG
  - **Number of seats:** 2 (January batch/ July batch)
  - **Course Duration:** 2 Years
  - **Course Fee:** Rs. 4,50,000/- for two years + GST (18%)
  - **Stipend:** First Year – Non-Stipendiary
    Second Year – Rs.35,000 per month
  - **Training timings:** 8 AM to 8 PM
  - **Attendance requirement for examination:** 90 %

Those interested may kindly submit their CV and application form to below address.

Dr. Chitra Andrew,
F3 Ward, Fetal Medicine Division,
Department of Obstetrics and Gynecology,
Sri Ramachandra Medical Centre,
No. 1 Sri Ramachandra Nagar, Porur, Chennai 600116
For further information if any please call 044- 45928500 / ExtNo: 7030
(or) 044-45928668 / ExtNo: 3386
Email Id : fellowship.mc@sriramachandra.edu.in ,
fblockfmu@sriramachandra.edu.in
Website : https://www.sriramachandra.edu.in/medical/

The Dates of Interview will be announced at the time of due course.

SRI RAMACHANDRA MEDICAL CENTRE
Porur, Chennai – 600 116.

APPLICATION FORM FOR **"BASIC OBG / ADVANCED OBG / FETAL MEDICINE"** 2025-26 Session

Affix your latest colour Passport size photograph here.

(Note: Please fill in each column in your own handwriting and put a tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

1. a) Name of the candidate (AS PER PROVISIONAL / DEGREE CERTIFICATE IN BLOCK LETTERS)	:	Dr.	
b) Complete address (With District, State & PIN CODE) to which communication is to be sent	:		
c) Phone No. with STD Code	:	Residence: Mobile : E-mail ID:	
2. Sex	:	Male ☐ Female ☐	
3. a) Date of birth and age	:	DD/MM/YYYY	Age:
b) Place of birth, District and state	:		
c) Languages Known	:		

4. Qualifying examination passed. (Self attested photocopy of the Degree certificate and Statement of Marks of all examinations to be enclosed)	:	Name of PG Degree : University Regn. No : Month : Year :
5. a) Name and address of the Medical College where qualified	:	UG: …….. ……... PG……... ……...
b)Whether the College and course is recognized by the Medical Council of India.	:	Recognised ☐ Not Recognised ☐
6. Details of permanent Registration with the Medical council incorporating PG qualification (Photocopy to be enclosed)	:	State: Regn. No: Date :

7. Work experience: (Attach Photocopies)

Designation	Location	From (Date)	To (Date)

Course Applied for:			
	Fee	Stipend	
Basic USG (6 Months)	Rs.1,50,000/- + GST	Nil	
Advanced USG (12 Months)	Rs.2,25,000/- + GST	Nil	
Fetal Medicine (24 Months)	Rs.4,50,000/- + GST	Rs.35,000/- per month (2nd year only)	

DECLARATION BY THE CANDIATE

I declare that the information furnished by me herein are true and correct. In case any information furnished is found to be incorrect or an document is found to be not genuine, I agree to forego my claim for admission and abide by the decision of the Sri Ramachandra Medical Centre authorities.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein. I undertake to abide by the Rules and Regulation of Sri Ramachandra Medical Centre.

Place: Signature of the Candidate

Date: Name: