



SRI RAMACHANDRA

MEDICAL CENTRE

Department of ENT

The Department of ENT, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Programs in Rhinology.

Course Details: Fellowship in Rhinology

- **Qualification** : MS/DNB (ENT) /DLO
- **Number of Seats** : 1
- **Course Duration** : 6 months
- **Course Fee** : Rs. 2,50, 000/- (Rupees Two Lakhs and Fifty Thousand only)
+ Applicable GST
- **Stipend** : Rs. 25,000/- per month (Rupees Twenty Five thousand only)

Those interested may kindly submit the prescribed application form to below @ address.

- Last Date for submitting Application 1st March 2022
- Interview will be 2nd week of March 2022
- Course will commence from 1st week of May 2022

For downloading application – [Click on Fellowship in Rhinology.](#)

Address for Communication:

Dr. L. SOMU

HOCS & Senior Consultant – ENT

B2 – II, ENT OP,

Department of ENT,

Sri Ramachandra Medical Centre,

No. 1 Ramachandra Nagar, Porur, Chennai 600116

For further information if any please call 044-45928542

Email Id : hod.ent@sriramachandra.edu.in

Website : www.sriramachandra.edu.in



SRI RAMACHANDRA

MEDICAL CENTRE

APPLICATION FORM FOR “FELLOWSHIP IN RHINOLOGY” 2022-23 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) Expand the initials	:	
c) Complete address (with District, State & PIN CODE) to which communication is to be sent	:	
d) Phone No. with STD Code	:	Residence : Mobile : E-mail ID :
2. a) Father's Name Contact Details	:	Mobile : E-mail ID :
b) Mother's Name Contact Details	:	Mobile : E-mail ID :
c) Husband's Name Contact Details	:	Mobile : E-mail ID :
3. Sex	:	Male ☐ Female ☐

4. a) Date of birth and age	:	DD/MM/YYYY	Age:
b) Place of birth, District and State	:		
5. 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 :	
6. 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.	:	Recognized Not Recognized	

7. a) Papers Presented :

.....

.....

.....

.....

.....

.....

b) Papers Published :

.....

.....

.....

.....

.....

.....

8. a) Whether the candidate has passed	:	PG : Yes / No
--	---	---------------

all the examinations in the first attempt		MBBS: Yes / No							
b) If no, how many attempts were made to pass	:	<table border="1"> <tr> <td>Course</td> <td>No. of attempts</td> </tr> <tr> <td>MBBS</td> <td></td> </tr> <tr> <td>PG</td> <td></td> </tr> </table>		Course	No. of attempts	MBBS		PG	
Course	No. of attempts								
MBBS									
PG									
9. Details of Permanent Registration with the Medical Council incorporating PG qualification (Photocopy to be enclosed)	:	State : Regn. No.: Date :							

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any 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: