

**APPLICATION FORM FOR ONE YEAR FELLOWSHIP COURSE**  
**IN**  
**ADVANCE RECONSTRUCTIVE MICROSURGERY**

Name of the Candidate \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_ Mob \_\_\_\_\_ Email ID \_\_\_\_\_

Educational qualification: kindly get original degree certificates at the time of Joining

Degree	College	University	Year of Passing
MBBS			
MD			
Mch/DNB			

Present Designation / Occupation: \_\_\_\_\_

Post Mch /DNB experience (kindly get experience certificate at the time of Interview)

Post	Place	From	To	Reason for leaving

Publications (kindly get copy of each of your publication at the time of Joining)

Authors	Title	Journal

Presentations at conferences: Kindly get certificates of your presentations at the time of joining

Title	Conference

Proposed project work (any 3 areas of interest)

Area of interest	Proposed specific area of interest with title of project work

References: Details of 3 references

Name	Place of work	Contact details Email and Mob No.

- Application Form Fee** - Rs 1000 /- (non refundable)  
**Course fee** - Rs 80,000 /- per year including GST (for Indian Nation)  
Rs 1,00,000/- per year including GST (for Foreign Nation)  
**Hostel Fee** - Rs 20000/- per year (subject to availability)

**Payment details of Entrance Examination Fee :**

Fee can be deposited through Net Banking, E Banking , Bank details for NEFT / RTGS payment -

**Bank Account number** : 32488068400  
**Beneficiary Name** : BHAGWAN MAHAVEER CANCER HOSPITAL AND RESEARCH CENTRE  
**Address** : OPP. MNIT, J.L.N. MARG, JAIPUR-17  
**Bank & Branch Name** : STATE BANK OF INDIA  
**Bank Address** : CALGARY EYE HOSPITAL PREMISES MALVIYA NAGAR, JAIPUR RAJASTHAN-302017.  
**MICR Code** : 302002009.  
**Branch Code** : 06912  
**IFSC Code** : SBIN0006912

Interested candidates fulfilling eligibility criteria should completed the application form online as per instructions. The hardcopy of application along with copies of all relevant certificate and documents are required to bring at the time of exam/interview/admission.

Kindly scan the filled applications forms and send to below given details:-

- Filled form along with CV to: [hrd@bmchrc.com](mailto:hrd@bmchrc.com), / director's office [seema.atal@bmchrc.com](mailto:seema.atal@bmchrc.com)
- For query regarding course/training program please contact to Program Director (Dept Plastic Surgery) -mobile No 9868440792, 876409989 email id-umesh\_bansal2003@yahoo.com , [saurabh.rawat1@gmail.com](mailto:saurabh.rawat1@gmail.com),
- For accounts related query and confirm the transaction please contact No. 9649877770 and email ID- [bmchrcfin@gmail.com](mailto:bmchrcfin@gmail.com) (accounts Dept)

**Check list of certificates/others to be presented on the date of interview**

1. MBBS/MD/MS/DNB Degree certificates
2. Permanent Registration RMC/MCI
3. Experience certificates
4. Publications copy
5. Conference presentations certificates
6. Two Photographs
7. ID Proof, PAN card, AADHAR card

**Name & Signature of candidate**