

APPLICATION FORM
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)

Payment details of Entrance Examination Fee: Fee can be deposited through Net Banking/NEFT/RTGS.

The bank details are as under:-

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. Only online application form will be accepted. Filled application along with copies of all relevant certificate/documents are required to bring at the time of admission.

Kindly scan the filled applications forms and send to below mentioned address:

- Filled form along with CV to: hrd@bmchrc.com, / director's office seema.atal@bmchrc.com
- For query regarding course/training program please contact to Program Director (Dept Plastic Surgery) -mobile No 8764009989 email id - saurabh.rawat1@gmail.com, and Dr Anurag Sharma-dranusharma@gmail.com mobile number 9414344835.
- For accounts related query and confirm the transaction please contact Mr Pankaj, Mobile No. 6377136757 and email ID- bmchrcfin@gmail.com (accounts Dept)

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

1. Degree certificates
2. Medical council Registration
3. Experience certificates
4. Publications copy
5. Conference presentations certificates
6. Two Photos
7. ID Proof, PAN card, AADHAR card

Name & Signature of candidate