

APPLICATION FORM

One Month Training Program in Advance Reconstructive Microsurgery

Name of the Candidate _____ Date of Birth _____

Address of Correspondence _____

Tel _____ Mob _____ Email ID _____

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

Degree	College	University	Year of Passing
MBBS			
MS			
Mch/DNB			

Present Designation: _____

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

Post	Place	From	To	Reason forleaving

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

References: Details of 2 references

Name	Place of work	Contact details Email and Mob No.

Training course fee - **Rs 20,000 ***

***Candidates pursuing Mch/DNB course (Plastic Surgery) is exempted from course fee (Requires letter from Head of Department)**

2. **Payment details** : Fee can be deposited through Net Banking /NEFT / RTGS .

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

3. After filling up the form and attaching relevant documents, send it to course coordinator Mrs Seema.

Email id: seema.atal@bmchrc.com. **Phone 0141- 2700107 Ext 500.**

The hardcopy of application along with copies of all relevant certificate and documents are required to bring at the time of exam/interview/admission.

Check list of certificates/others to be presented to program coordinator

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

For query regarding course/training program please contact to Program Director (Dept Plastic Surgery) -mobile No 9868440792, 876409989 E-mail ud-umesh_bansal2003@yahoo.com,
saurabh.rawat1@gmail.com