

**Government Medical College Hospital, Sector 32, Chandigarh**  
**Department of Pediatrics**

**Last Date of Submission: 15<sup>th</sup> December 2016**

**Submit to: Academic Branch, Government Medical College Hospital, Chandigarh**

**APPLICATION PROFORMA FOR IAP**  
**NEONATOLOGY CHAPTER FELLOWSHIP**

Name of candidate: Dr. \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years Sex: M / F

Address: \_\_\_\_\_

\_\_\_\_\_

Contact numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Qualifications: \_\_\_\_\_

**Qualification details:** (Please attach copy of Marks sheet and Passing certificate)

S no.	Qualifying exam	Year of passing	Marks obtained	% of Marks	Rank if any	No. of Attempts	Institute / University	MCI Recognized
1	MBBS							
2	DCh							
3	MD							
4	DNB							
5	Any Other							

Past professional experience:

S. no	Institute's name and location	Position held	Tenure in months	Year of working	Teacher's name	Certificate attached? Y / N
1						
2						
3						
4						
5						
6						

Details of Application fees: Demand Draft amount \_\_\_\_\_

number \_\_\_\_\_ dated \_\_\_\_\_ drawn from bank \_\_\_\_\_

\_\_\_\_\_  
Candidate's passport size Photograph

\_\_\_\_\_  
Candidate's Signature

List of Certificates and other documents attached

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 14) \_\_\_\_\_
- 15) \_\_\_\_\_