



Sri Ramachandra Medical Centre
Department of Obstetrics and Gynaecology

The Fetal Medicine Division of the Department of Obstetrics and Gynaecology, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Programs in

- i. Basic Ultrasound in Obstetrics and Gynecology
- ii. Advanced Ultrasound in Obstetrics and Gynecology
- iii. Fetal Medicine

Course Details:

➤ **Fellowship in Basic Ultrasound in Obstetrics and Gynecology**

- **Duration:** Post MD (OB-GYN) or DGO / DNB(OB-GYN), MDRD, DMRD, DNB (radiology)
- **Number of seats:** 3 (January batch/ July batch)
- **Course Duration:** 6 months
- **Course Fee:** Rs. 75, 000
- **Stipend:** Non-Stipendiary
- **Training timings:** 8 AM to 8 PM
- **Attendance requirement for examination:** 90 %

➤ **Fellowship in Advanced Ultrasound in Obstetrics and Gynecology**

- **Duration:** Post MD (OB-GYN) or DGO / DNB(OB-GYN), MDRD, DMRD, DNB (radiology)
- **Number of seats:** 2 (January batch/ July batch)
- **Course Duration:** 12 months
- **Course Fee:** Rs. 1,50, 000
- **Stipend:** Non-Stipendiary
- **Training timings:** 8 AM to 8 PM
- **Attendance requirement for examination:** 90 %

➤ **Fellowship in Fetal Medicine**

- **Duration:** Post MD (OB-GYN) / DNB (OB-GYN) / DGO / MDRD / DMRD / DNB (radiology)
- **Number of seats:** 2
- **Course Duration:** 2 Years
- **Course Fee:** Rs. 3,50,000 /for two years
- **Stipend:**
 - First Year – Non-Stipendiary
 - Second Year – Rs. 10,000 per month
- **Training timings:** 8 AM to 8 PM
- **Attendance requirement for examination:** 90 %

Those interested may kindly submit their CV and application form to below address.

Dr. Chitra Andrew,
F3 Ward, Fetal Medicine Division,
Department of Obstetrics and Gynecology,
Sri Ramachandra Medical Centre,
No. 1 Sri Ramachandra Nagar, Porur, Chennai 600116

The Dates of Interview will be announced at the time of due course.

Application form for admission to

(i) Fellowship in Basic / (ii) Advanced ultrasound in Obstetrics and Gynecology / (iii) Fetal Medicine

Name : Dr.

Age :

Date of Birth :

Sex :

Address :

Telephone : _____ (Mobile) _____ (Land line)

Email ID :

Qualifications : (Attach self attested photocopies)

	University	Year	Percentage
MBBS			
Post graduation			
Medical Council Reg. No			

Work experience : (Attach photocopies)

Designation	Location	From (Date)	To (Date)

<u>Course Applied for :</u>	
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	Fee	Stipend	
Basic USG (6 months)	Rs. 75,000/-	Nil	
Advanced USG (12 months)	Rs. 1,50,000/-	Nil	
Fetal Medicine (24 months)	Rs. 3,50,000/-	Rs. 10,000/- per month (2 nd year only)	

All above mentioned details are true to the best of my knowledge. I understand that a valid Tamil Nadu medical registration is required prior to applying for the course. I undertake to abide by the rules and regulations of the Sri Ramachandra Medical Center and by the PCPNDT Act (1995) regulations during the fellowship training period.

Signed :

Name :

Date :

Place :