Sri Ramachandra Medical Centre
Department of Surgical Oncology

The Department of Surgical Oncology, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Programs in Surgical Oncology.

Course Details: <u>Fellowship in Head & Neck Oncology</u>

- **Qualification** : MS/ DNB (Otolaryngology, general surgery) /
- MDS- Oral Maxillo-Facial Surgery (OMFS)
- **Number of Seats** : 1
- **Course Duration** : 12 months
- **Course Fee** : Rs. 5,00, 000/- (Rupees Five Lakhs only)
- **Stipend** : Rs. 15,000/- per month (Rupees fifteen thousand only)
- **Attendance requirement for examination** : 90 %

Those interested may kindly submit the prescribed application form to below @ address.

➢ Last Date for submitting Application April 15th 2023
➢ Course commences 1st week of May 2023

For downloading application – Click on Fellowship in Surgical Oncology.

@ **Address for Communication:**
Dr. S. JAGADESH CHANDRA BOSE, MS (General Surgery), M Ch.(Surgical Oncology)
PROFESSOR & HOD – Surgical Oncology
E1 –OPD,
Department of Surgical Oncology,
Sri Ramachandra Medical Centre,
No. 1 Sri Ramachandra Nagar, Porur, Chennai 600116

Dr. P. LAKSHMINARASIMMAN, MS (ENT), M Ch.(Head & Neck Oncology)
ASSOCIATE PROFESSOR – (Head & Neck Oncology)
E1 –OPD,
Department of Surgical Oncology,
Sri Ramachandra Medical Centre,
No. 1 Sri Ramachandra Nagar, Porur, Chennai 600116

For further information if any please call **044- 45928548/9042796860**
Email Id : fellowship.mc@sriramachandra.edu.in
Website : https://www.sriramachandra.edu.in/medical/

SRI RAMACHANDRA MEDICAL CENTRE

Porur, Chennai - 600 116.

APPLICATION FORM FOR "FELLOWSHIP IN HEAD AND NECK ONCOLOGY" 2022-23 Session

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Affix your
latest colour
Passport size
photograph
here.

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(**Note**: Please fill in each column in your own handwriting and put a tick mark (√) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

1. a) Name of the candidate (AS PER PROVISIONAL / DEGREE CERTIFICATE IN BLOCK LETTERS)	:	Dr.
b) Expand the initials	:	
c) Complete address (with District, State & PIN CODE) to which communication is to be sent	:	
d) Phone No. with STD Code	:	Residence : Mobile : E-mail ID :
2. a) Father's Name Contact Details	: :	Mobile : E-mail ID :
b) Mother's Name Contact Details	: :	Mobile : E-mail ID :
c) Husband's Name Contact Details	: :	Mobile : E-mail ID :
3. Sex	:	Male ☐ Female ☐

4. a) Date of birth and age	:	DD/MM/YYYY	Age:
b) Place of birth, District and State	:		
5. Qualifying examination passed. (Self attested Photocopy of the Degree certificate and Statement of Marks of all examinations to be enclosed)	:	Name of PG Degree : University Regn. No : Month : Year :	
6. a) Name and address of the Medical College where qualified	:	UG ……………………………………………………………… ……………………………………………………………… PG ……………………………………………………………… ………………………………………………………………	
b) Whether the College and course is ecognized by the Medical Council of India.	:	Recognised Not Recognised	

7. a) Papers Presented :

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b) Papers Published :

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8. a) Whether the candidate has passed all the examinations in the first attempt	:	PG : Yes / No MBBS: Yes / No	
b) If no, how many attempts were made to pass	:	Course	No. of attempts
		MBBS	
		PG	
9. Details of Permanent Registration with the Medical Council incorporating PG qualification (Photocopy to be enclosed)	:	State : Regn. No.: Date :	

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be not genuine, I agree to forego my claim for admission and abide by the decision of the Sri Ramachandra Medical Centre authorities.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein. I undertake to abide by the Rules and Regulation of Sri Ramachandra Medical Centre.

Place: Signature of the Candidate

Date: Name: