



SRI RAMACHANDRA

MEDICAL CENTRE

Department of Radiology and Imaging Sciences

The Department of Radiology and Imaging Sciences, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Programs in

PET - CT

Course Details:

Fellowship in PET CT

- **Qualification** : MD / DNB (Radiology)
- **Number of seats** : 1 (Jan session)
- **Course Duration** : 06 months
- **Course Fee** : Rs. 1,00,000 (Rupees one lakh only)
- **Stipend** : 1- 3 Months – No stipend
- **4 – 6 Months** - Rs.12,000/ per month
(Rupees Twelve thousand only)
- **Training timings**: 8.00AM to 6.00 PM
- **Attendance requirement for examination** : 90%

	Jan session
Last date for submitting Application	6 th Nov 2023
Written entrance test and interview	18th Nov 2023 at SRMC
Course commences on	3rd Jan 2024

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

Address for communication :

The Medical Director
Sri Ramachandra Medical Centre
Porur, Chennai – 600 116.
Phone – 044 – 45928552 (8 to 4 pm)

OR

Head of clinical services (HOCS)
Department of Radiology and imaging sciences

Sri Ramachandra Medical Centre
Porur, Chennai – 600 116.
Phone – 044 – 45928625 (8 to 4 pm)

Website : www.sriramachandra.edu.in (Medical centre)
e mail : fellowship.mc@sriramachandra.edu.in



SRI RAMACHANDRA

MEDICAL CENTRE

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

APPLICATION FORM 2024 Session

Affix your
latest colour
Passport
size
photograph
here.

(**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 not be accepted).

1. Cross sectional imaging (12 Months) 4. MSK Imaging (6 Months) 2. Basic breast imaging & interventions (6 Months) 4. 5. PET CT Imaging (6 Months) 3. Advanced breast imaging & interventions (12 Mon)

(Please give two choices in the order of preference)

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. Gender	:	Male Female

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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) 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	
8. Details of Permanent Registration with the Medical Council incorporating PG qualification (Photocopy to be enclosed)		State : Regn. No.: Date :	

9. a) Papers Presented:

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b) Papers Published:

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(if necessary attach separate sheet)

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:

Submit Application online (with attachments) to:

The Medical Director, Sri Ramachandra Medical Centre, Porur, Chennai – 600 116.
fellowship.mc@sriramachandra.edu.in