



Sri Ramachandra Medical Center **Department of Obstetrics & Gynaecology**

Sri Ramachandra Medical Center is pleased to announce admission to the ***“Fellowship course in Obstetric Medicine and High Risk Pregnancy”*** to be started by the Department of Obstetrics & Gynaecology

Course Details: Obstetric Medicine and High Risk Pregnancy

- Qualification : MS/MD (OBGYN) / DGO (OBGYN) / DNB (OBGYN) / MRCOG (OBGYN)
- Number of Seats : 2 per year
- Course Duration : 12 months
- Course Fee : Three Lakhs Fifty Four thousand including GST (Rs.3,54,000/-)
- Stipend : Rupees Fifteen thousand only (Rs. 15,000/-)
- Attendance requirement for examination : 90%

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

- Last date for submitting filled in application – 15th September 2022
- Date of Interview will be fourth week of September 2022
- Course Commences on 1st October 2022

For downloading application – Click on Fellowship in Obstetric Medicine & High Risk Pregnancy.

Website: www.sriramachandra.edu.in

Address for Communication:

Prof Jaya Vijayaraghavan, Senior Consultant
Department of Obstetrics & Gynaecology

Prof Usha Vishwanath, MD, Dip. in Hospital Administration
HOCS & Senior Consultant - Obstetrics & Gynaecology
Department of Obstetrics & Gynaecology
Sri Ramachandra Medical Centre,
No.1 Ramachandra Nagar, Porur, Chennai – 600116

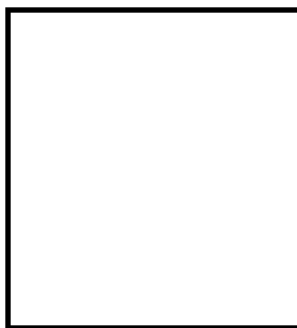
For further information if any please call
Prof Jaya Vijayaraghavan – 9840239891
Dept Secretary - 9094584580
Email Id: srmcog@gmail.com



Sri Ramachandra Medical Center

Porur, Chennai – 600116.

APPLICATION FORM FOR “FELLOWSHIP IN OBSTETRIC MEDICINE AND HIGH RISK PREGNANCY” 2022 Session



(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)	:	
b) Expand the initials	:	
c) Complete address (with District, state & PINCODE) to which communication is to be sent	:	
d) Phone No. With STD Code	:	Residence: Mobile: E-mail ID:
2. a) Father Name Contact Details	:	Mobile : E-mail ID:
b) Mother Name Contact Details	:	Mobile : E-mail ID:

c) Husband Name Contact Details	:	Mobile :	
	:	E-mail ID:	
3. Sex	:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
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 examination to be enclosed)	:	Name of PG Degree: University Regn. No: Month: Year:	
6 a) Name and address of the Medical Collage where qualified	:	UG: PG:	
b) Whether the Collage and course is recognized by the Medical Council of India.	:	<input type="checkbox"/> Recognized	<input type="checkbox"/> Not Recognized

7. a) Papers Presented:

b) Papers Published:

8. a) Whether the candidate has passed all the examination in the first attempt	:	PG: Yes/No MBBS: Yes/No						
b) If no, how many attempt were made to pass	:	<table border="1"> <thead> <tr> <th>Course</th> <th>No. of attempts</th> </tr> </thead> <tbody> <tr> <td>MBBS</td> <td></td> </tr> <tr> <td>PG</td> <td></td> </tr> </tbody> </table>	Course	No. of attempts	MBBS		PG	
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 the 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 Center 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 undertaken 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: