



## **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: Fellowship in Head & Neck Oncology**

- **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 15<sup>th</sup> 2024
- Course commences 1<sup>st</sup> week of May 2024

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](mailto: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” 2024-25 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 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 <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 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 recognized by the Medical Council of India.	:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Recognised</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Not Recognised</div> </div>	

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 : MBBS:	Yes / No Yes / No						
b) If no, how many attempts were made to pass	:	<table border="1"> <tr> <th>Course</th> <th>No. of attempts</th> </tr> <tr> <td>MBBS</td> <td></td> </tr> <tr> <td>PG</td> <td></td> </tr> </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 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: