



SRI RAMACHANDRA MEDICAL CENTRE

Porur, Chennai - 600 116.

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Division of Gynaecologic Endoscopy

The Department of Obstetrics and Gynaecology, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Program in Gynaecologic Endoscopy

Course Detail : Fellowship in Gynaecologic Endoscopy.

- **Qualification** : MS/MD (OB-GYN) / DNB(OB-GYN)
- **Number of Seats** : 2 in September and 2 in March
- **Course Duration** : 12 months
- **Course Fee** : Rs. 5,00,000/- (Rupees Five Lakhs only)
- **Stipend** : Rs. 20,000/- per month (Rupees Twenty thousand only)
- **Attendance requirement for examination** : 90 %

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

Last Date for receipt of Application : 7th October 2023

➤ Interview/ Test will be in 1st/2nd week of October 2023

➤ Course commences 3rd week of October 2023

@ Address for Communication:

Professor G.Usha Rani M.D. (O&G)

Senior Consultant

Division of Gynaecologic Endoscopy

Department of Obstetrics and Gynaecology,

Sri Ramachandra Medical Centre,

No. 1 Sri Ramachandra Nagar, Porur, Chennai 600116

Mail ID : usharani@sriramachandra.edu.in

For downloading application – Click on Fellowship in Gynaecologic Endoscopy



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Porur, Chennai - 600 116.

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

APPLICATION FORM FOR

FELLOWSHIP IN GYNAECOLOGIC ENDOSCOPY

2023 October 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. a) Name of the candidate (AS PER PROVISIONAL / DEGREE CERTIFICATE IN BLOCK LETTERS) b) Expand the initials c) Complete address (with District, State & PIN CODE) to which communication is to be sent	:	Dr.
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 <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 ecognized by the Medical Council of India.	:	<input type="checkbox"/> Recognised	<input type="checkbox"/> Not Recognised
7. Work experience	:	
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

