D. Y. PATIL UNIVERSITY, KOLHAPUR

D. Y. PATIL EDUCATION SOCIETY

(Deemed to be University Declared u/s 3 of the UGC Act 1956 vide Notification No. F.9-26/2004-U.3 dt. 01-09-2005 of the GOI)

869, 'E', D. Y. Patil Vidyanagar, Kolhapur-416 006
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APPLICATION FORM FOR FELLOWSHIP PROGRAMME IN

Form No.

Programme	Tick	Programme	Tick
• Critical Care Medicine		• Endoscopic Sinus Surgery	
• Post Doctoral Certificate course in High Risk Obstetrics		• Assisted Reproduction	
• Gastrointestinal Endoscopy		• Clinical Research	
• Dialysis Medicine		• Neonatology	
• Pediatric Intensive Care		• Neonatal Intensive Care	

1. **Name of the Applicant** : (In Block Letters)
   As per previous course degree certificate
2. **Date of birth** : DD-MM-YYYY
3. **Sex** : M √ F √
4. **Category** : Open √ SC √ ST √ VJ √ NT-1,2,3 √ OBC √
5. **Address for correspondence** : _____

_____

_____

_____

Pin-

Mo-

Email :_____

6. **Academic Qualification**

Exam Passed	Year of Passing	Institution	Marks Obtained
MBBS			
DNB			
MD/MS			

Declaration:

1. I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected/admission will be cancelled
2. If admitted I shall abide by the rules and regulations of D. Y. Patil Education Society Deemed University, Kolhapur

Student's Signature