



Pediatric Infectious Diseases Fellowship

Under the aegis of Indian Academy of Pediatrics

An Initiation Of IAP ID Chapter

Applications Form For The Candidate to Join Fellowship

Academic year 2023-24

Color Passport
size photo

1. Name of candidate: Dr. _____
2. Date of Birth: _____ Age: _____ years Sex: M / F
3. Mailing address: _____

4. Contact numbers: _____
5. Email id: _____
6. Qualifications: _____
7. Qualification details:

	Year of passing	Marks obtained	% of Marks	Institute / University	Certificate attached? Y / N
MBBS					
M.D.					
DNb					
Any other					

8. Medical Council Registration: _____ MCI / _____ State Medical Council

9. Past professional experience:

S. no	Institute's name, location	Position held	Tenure in months	Year of working	Teacher's name	Certificate attached? Y / N

10. Preference of the Institute:

Preference 1	Preference 2	Preference 3

Candidate's Sign

Date:

Note: Please send the properly filled application along with following document:

- 1) A bonafide certificate from the Head of Department of Paediatrics of his / her institution where he / she has completed the post graduate training in Paediatrics
- 2) Photocopies of the Marks sheet, Degree passing certificates.
- 3) Photocopies of the certificate of registration with the appropriate State Medical Council or Medical council of India
- 4) Curriculum vitae
- 5) Letter of reference from two referees

**The Last date to receive the duly application form will be 30/5/2013.
The application is to be addressed to the Chairperson of the chapter**

Dr Digant D. Shastri
Chairman, ID Fellowship
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Majura Gate Surat-395002
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