

NOTIFICATION



Post-Doctoral Fellowship in Arthroplasty under Dr. NTR University of Health Sciences, Vijayawada, at Sri Balaji Institute of Surgery, Research and Rehabilitation for the Disabled (BIRRD) Trust Hospital, Tirumala Tirupati Devasthanams, Tirupati.

Interested candidates are requested to submit complete filled in forms along with self-attested copies of documents as mentioned in the application forms, for post-Doctoral Fellowship in Arthroplasty for the academic year 2020. The details are as follows:

Course Centre : BIRRD Trust Hospital

Tirumala Tirupati Devasthanams, Tirupati

Course Guide : Dr. M. Madan Mohan Reddy, MS(Ortho), FRCS(UK)

MD(France)

Course Duration : 1 Year (full time) Starting date of Application:

22.01.2020 at 9.00 AM

Last date for application : 28.01.2020 by 5.00 PM

Eligibility Criteria : MS (Ortho) / DNB (Ortho)

Age limit : 45 years

Course fees : Enrollment fees to be paid to University Additional

Stipend : Rs. 46,000/-

Number of seats : 2

Selection procedure : Interview conducted by selection Committee

Appointed by Dr NTR University

Submission Address : Director, BIRRD Trust Hospital

Tirumala Tirupati Devasthanams, Tirupati-517 501.

Link for downloading application form: https://www.tirumala.org/BirdTrust.aspx or https://www.tirumala.org - Notifications





APPLICATION FORM

POST DOCTORAL FELLOWSHIP IN ARTHROPLASTY-2020 BIRRD TRUST HOSPITAL, TTD, TIRUPATI

(UNDER DR NTR UNIVERSITY OF HEALTH SCIENCE, VIJAYAWADA)

Name:					
Age:					
Date of B	irth:				
Gender:					
Address:					
Phone No: Cell No:				ell No:	
Email:					
Marital St	tatus:				
QUALIFICATION					
	INSTITUT	TION	UNIVERSI	TY	YEAR OF PASS
MBBS					
MS/DNB					
Registrati	Registration No: Valid up to:			Valid up to:	
Addl. Qu	alification Regist	ration No:			
<u>MARKS</u>					
	Percen		tage(%)		Attempts
Final MBBS					
N	AS/DNB				

Present Emp	loyment:		
Institute:			
Designation:			
Employed sir			
Notice Perio			
	EXPE	RIENCE	
After Post G	raduation:		
SI.No.	la althair	Door	Duration
31.140.	Institute	Post	(from - to)
Arthroplasty			
	•		Duration
SI.No.	Institute	Post	(from - to)

PUBLICATIONS

Sl.No.	Title	Journal	Author	
		(Index / Non-index)	1st / 2nd / 3rd	

POSTER / PAPER PRESENTATIONS

Sl.No.	Title	Conference	Year & Venue

Medals / Awards:

DECLARATION

I, Dr	, de	clare that
all of	above mentioned information is true to best of my knowled	dge. I am
aware	e that undue discrepancies / falsifications on my part may res	ult in my
disqu	alification at any stage of admission process or during fellowship	program.
Place	:	
Date:	Signati	ure:
Arthr	: University & BIRRD Trust Hospital reserve right to admission foplasty Course. In case of any dispute decision of BIRRD Hospital shall be final.	
Self-A	ttested Photocopies to be enclosed:	√/×
1.	MBBS Degree	
	Post-Graduation Degree	
	Valid MBBS Registration with renewal if applicable	
	Additional Qualification registration	
5.	"No OBJECTION CERTIFICATE" from present Employer / Head of	
c	Department for joining fellowship course if selected Curriculamvitae	
υ.	Curricularivitae	