



**APPLICATION FORM**  
**POST DOCTORAL FELLOWSHIP IN ARTHROPLASTY 2025-2026.**  
**BIRRD TRUST HOSPITAL, TTD, TIRUPATI**  
(Under Dr.NTR University of Health Sciences, Vijayawada)



Name:

Age:

Date of Birth:

Gender:

Address:

Phone No:

Cell No:

Email:

Marital Status:

**QUALIFICATION**

	INSTITUTION	UNIVERSITY	YEAR OF PASS
<b>MBBS</b>			
<b>MS/ DNB</b>			

Registration No:

Valid up to:

Addl. Qualification Registration No:

**MARKS**

	Percentage (%)	Attempts
<b>Final MBBS</b>		
<b>MS/DNB</b>		

**Present Employment:****Institute:****Designation:****Employed since:****Notice Period:****Senior Residency of 01 year completed:****Yes / No****EXPERIENCE****After Post Graduation:**

Sl.No	Institute	Post	Duration (from to )

**Arthroplasty:**

Sl.No.	Institute	Post	Duration (from to )

**Thesis:****PUBLICATIONS**

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

**POSTER / PAPER PRESENTATIONS**

Sl.No.	Title	Conference	Year & Venue

**Medals / Awards:****DECLARATION**

I, Dr. \_\_\_\_\_, declare that all of above mentioned information is true to best of my knowledge. I am aware that undue discrepancies / falsifications on my part may result in my disqualification at any stage of admission process or during fellowship program.

**Place:****Date:****Signature:**

**Note:** University & BIRRD Trust Hospital reserve right to admission for PDF in Arthroplasty Course. In case of any dispute decision of BIRRD Hospital and the University shall be final.

**Self-Attested Photocopies to be enclosed:**

✓ / ×

1. MBBS Degree
2. Post-Graduation Degree
  3. Valid MBBS Registration with renewal if applicable
  4. Additional Qualification registration
  5. "No OBJECTION CERTIFICATE" from present Employer / Head of Department for joining fellowship course if selected
  6. Curriculum vitae
