

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

Age:

Date of Birth:

Gender:

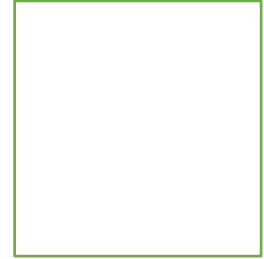
Address:

Phone No:

Cell No:

Email:

Marital Status:

**QUALIFICATION**

	INSTITUTION	UNIVERSITY	YEAR OF PASS
MBBS			
MS/ DNB			

Registration No:

Valid up to:

Addl. Qualification Registration No:

MARKS

	Percentage (%)	Attempts
Final MBBS		
MS/DNB		

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 st / 2 nd / 3 rd

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:**√ / x**

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
