



**APPLICATION FORM**  
**POST DOCTORAL FELLOWSHIP IN ARTHROPLASTY-2024-25.**  
**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
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 <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
