

SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING AND RESEARCH DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES (DIVYANGJAN) (MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT, GOVERNMENT OF INDIA) OLATPUR, PO: BAIROI, DIST-CUTTACK, ODISHA

| Application Format for Fello | owship in "Rehabilitation Surgery" | |
|---|------------------------------------|---|
| 1. Name of the Applicant (in Block Letters) | : | Affix recent passport size colour |
| 2. Father/Husband's name (in Block Letters | 3): | photograph |
| 3. Date of Birth | : | |
| 4. Gender (Male/Female/Others) | : | |
| 5. Nationality | : | |
| 6. Religion | : | |
| 7. Material Status | : | |
| 6. Category (UR/OBC/EWS/SC/ST/PWD) | : | |
| 7. Permanent Address (in Block Letters) | : At : | |
| | P.O. : | |
| | P.S. : | |
| | Dist. : | |
| | State | |
| | PIN Code: | |
| | PhoneNo/Mobile No.: | |
| | E-Mail Id : | |
| | Aadhar No : | |
| 8. Address for Correspondence (in Block Le | etters): | |
| | At : | |
| | P.O. : | |
| | P.S. : | |
| | Dist. : | |
| | State | |

State _____

| IN | ue | · |
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10. Educational/Technical qualification (in chronological order): *

| Exam. Passed | Board/University | Subject taken | Year of passing | Division | % of marks |
|--------------|------------------|---------------|--------------------|----------|---------------|
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*If required additional sheet as per above may be attached.

11. Experience (reverse chronological order): *

| Name & Address of the organization | Designation | Areas of work | Pei From | riod To | Exposure in Rehabilitation Surgery |
|--|-------------|---------------|-------------|------------|---------------------------------------|
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*If required additional sheet as per above may be attached.

12. Details of Scientific presentation in National/International Conference/Publications in any index Journal. 13. Any other information.

Declaration:

I hereby declare that all statements made in the application are true to the best of my knowledge, belief and based on records.

Full signature of the applicant

Date :

Place :

Copy of Certificate to be attached:

- a. Matriculation Board Certificate for confirmation of name and age
- b. Bachelor's Degree: MBBS certificate
- c. MD/ DNB certificate of PMR
- d. Marksheet
- e. Medical Council registration certificate
- f. Letter of forwarding from the appropriate authority for sponsor candidates