

# 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<br>passport size<br>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<br>passing | Division | % of<br>marks |
|--------------|------------------|---------------|--------------------|----------|---------------|
|              |                  |               |                    |          |               |
|              |                  |               |                    |          |               |
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|              |                  |               |                    |          |               |
|              |                  |               |                    |          |               |

\*If required additional sheet as per above may be attached.

## 11. Experience (reverse chronological order): \*

| Name &<br>Address of the<br>organization | Designation | Areas of work | Pei<br>From | riod<br>To | Exposure in Rehabilitation<br>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