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 Fellowship in "Rehabilitation Surgery"

Affix recent passport size colour photograph

1. Name of the Applicant (in Block Letters) :_____
2. Father/Husband's name (in Block Letters):_____
3. Date of Birth :_____
4. Gender (Male/Female/Others) :_____
5. Nationality :_____
6. Religion :_____
7. Marital Status :_____
6. Category (UR/OBC/EWS/SC/ST/PWD) :_____
7. Permanent Address (in Block Letters) : At : _____
   P.O. :_____
   P.S. :_____
   Dist. :_____

   State _____
   PIN Code:_____
   Phone No/Mobile No.:_____
   E-Mail Id: _____
   Aadhar No : _____

8. Address for Correspondence (in Block Letters):
   At :_____
   P.O. :_____
   P.S. :_____
   Dist. :_____
   State _____
   PIN Code:_____
   Phone No/Mobile No.:_____
   E-Mail Id :

10. Educational/Technical qualification (in chronological order): *****

Exam. Passed	Board/University	Subject taken	Year of passing	Division	% of marks

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

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

Name & Address of the organization	Designation	Areas of work	Period		Exposure in Rehabilitation Surgery
			From	To	

*****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.

<u>Declaration</u>:

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 sponsored candidates