

SRI RAMACHANDRA MEDICAL CENTRE

Porur, Chennai - 600 116.

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Division of Gynaecologic Endoscopy

The Department of Obstetrics and Gynaecology, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Program in Gynaecologic Endoscopy

Course Detail: Fellowship in Gynaecologic Endoscopy.

• **Qualification :** MS/MD (OB-GYN) / DNB(OB-GYN)

• Number of Seats: 2 in July and 2 in January

Course Duration: 12 months

• **Course Fee :** Rs. 5,00 , 000/- (Rupees Five Lakhs only)

• **Stipend**: Rs. 20,000/- per month (Rupees Twenty thousand only)

• Attendance requirement for examination : 90 %

Those interested may kindly submit the prescribed application form to below address.

Last Date for receipt of Application: 15th June 2024

- O Interview/ Test will be in 3rd week of June 2024
- O Course commences 1st week of July 2024

@ Address for Communication:

Professor Dr. G. Usha Rani M.D. (O&G) Senior Consultant Division of Gynaecologic Endoscopy Department of Obstetrics and Gynaecology, Sri Ramachandra Medical Centre, No. 1 Sri Ramachandra Nagar, Porur, Chennai 600116

Mail ID: usharani@sriramachandra.edu.in

For downloading application – Click on Fellowship in Gynaecologic Endoscopy



SRI RAMACHANDRA MEDICAL CENTRE

Porur, Chennai - 600 116.

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY APPLICATION FORM FOR

FELLOWSHIP IN GYNAECOLOGIC ENDOSCOPY

July - 2024 Session

Affix your latest colour Passport size photograph here.

(Note: Please fill in each column in your own handwriting and put a tick mark ($\sqrt{}$) wherever necessary and strike off the portion not applicable. Incomplete application form will not be accepted).

1. a) Name of the candidate (AS PER PROVISIONAL / DEGREE CERTIFICATE IN BLOCK LETTERS) b) Expand the initials c) Complete address (with District, State & PIN CODE) to which communication is to be sent		Dr.
d) Phone No. with STD Code	:	Residence: Mobile: E-mail ID:
2. a) Father's Name	:	Mobile :
Contact Details	:	E-mail ID:
b) Mother's Name	:	Mobile :
Contact Details	:	E-mail ID :
c) Husband's Name	:	Mobile :
Contact Details	:	E-mail ID :
3. Gender	:	Male Female

4. a) Date of birth and age	:	DD/MM/YYYY	Age:
b) Place of birth, District and State	:		
5. Qualifying examination passed. (Self attested Photocopy of the Degree certificate and Statement of Marks of all examinations to be enclosed)	:	Name of PG Degree : University Regn. No : Month : Year :	
6. a) Name and address of the Medical College where qualified	:	UG PG	
b) Whether the College and course is Recognized by the Medical Council of India.	:	Recognised	Not Recognised
7. Work experience	:		
8. Details of Permanent Registration with the Medical Council incorporating PG qualification (Photocopy to be enclosed)	:	State : Regn. No.: Date :	
9. a) Papers Presented:	•		

b) Papers Published:				
(if necessary attach separate sheet)				
DECLARATION BY THE CANDIDATE				
furnished herein is found to be incorrect of	by me herein are true and correct. In case any information or any document is found to be not genuine, I agree to forego decision of the Sri Ramachandra Medical Centre authorities.			
understood the contents therein clearly as	prospectus furnished with the application form fully and nd I hereby undertake to abide by the conditions prescribed and Regulation of Sri Ramachandra Medical Centre.			
Place:	Signature of the Candidate			
Date:	Name:			
Submit Application online (with	a attachments) to:			
Submit Application offine (with	i attaciments) to.			
The Medical Director, Sri Ramac	chandra Medical Centre, Porur, Chennai – 600 116.			
fellowship.mc@sriramachandra.e	edu.in			
Or				
@ Address for Communication: Professor G. Usha Rani M.D. (Of	&G)			

@ Address for Communication:
Professor G. Usha Rani M.D. (O&G)
Senior Consultant,
Division of Gynaecologic Endoscopy,
Department of Obstetrics and Gynaecology,
Sri Ramachandra Medical Centre,
No. 1 Sri Ramachandra Nagar, Porur, Chennai – 600116.