

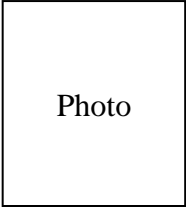


Application Form
FELLOWSHIP IN TRANSPLANT ANAESTHESIA
Sir Ganga Ram Hospital, New Delhi



GRIPMER

Department of Anaesthesiology, Pain and Perioperative Medicine
Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi 110060



Photo

PLEASE FILL IN CAPITAL LETTERS ONLY

Name

Date of Birth Institution

Postal Address

.....

Phone (Off / Res)..... Mobile

E-mail.....

Educational Qualification

S. No.	Qualification	Year of passing	University

- Course period 3-months
- Course fee Rs. 30,000/-

Payment Details

Demand Draft (DD) no.....Bank

Date

Amount Rs..... in words

DD in favour of "Sir Ganga Ram Hospital," payable at New Delhi.

I hereby declare that the particulars provided in the application form are correct and I shall adhere to all the rules and regulations of Sir Ganga Ram Hospital.

Date.....

Signature.....

Instructions

- Please fill the application form completely and furnish all details required therein.
- Curriculum Vitae
- Enclose attested copies of relevant certificates along with two passport size photographs
- Letter of recommendation