

**GRANT MEDICAL FOUNDATION  
RUBY HALL CLINIC  
40, Sassoon Road Pune – 411001**

No. \_\_\_\_\_

**APPLICATION FOR FELLOWSHIP COURSE**

To be filled in by the applicant in own handwriting clearly and carefully. Attach separate sheet wherever space is insufficient

Attach Passport  
sized  
Photograph

Application for \_\_\_\_\_  
(Fellowship course)

Personal data:

1. Full Name \_\_\_\_\_  
(First name) (Father's name) (Surname)

2. Present address (in full) \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_ Mobile No: \_\_\_\_\_

3. Permanent Residence Address(in full) \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_ Tel: \_\_\_\_\_ Email ID \_\_\_\_\_

4. Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Caste \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Age (In completed years) \_\_\_\_\_

6. Place of Birth: Dist \_\_\_\_\_ State \_\_\_\_\_

7. Period of residence in and around Pune City \_\_\_\_\_ Yrs.

8. Marital Status \_\_\_\_\_

9. Mother tongue \_\_\_\_\_

10. Who should be contacted in case of emergency / accident? Relationship

Name and Address \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_ Tel \_\_\_\_\_

11 Family Background

1. Father's/ Husband's/ Wife's name \_\_\_\_\_ occupation \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_ Tel \_\_\_\_\_

12. Educational Qualification

EXAM	INSTITUTION / UNIVERSITY	ATTEMPT	YEAR OF PASSING	PERCENTAGE

13. Do you have any contract / bond with your present employer? Yes / No

If Yes, give details \_\_\_\_\_

14. Name and address of two persons (not relatives) of good social standing who know you for a minimum period of over 3 years and to whom reference may be made:

a) Name \_\_\_\_\_ b) Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

**\*Please send the completed application forms on or before the stipulated date with a D.D. of Rs. 500/- in the name of 'Grant Medical Foundation' payable at Pune (D.D. is applicable only for downloaded forms)**

Note: Any false or misleading information given in this application will be adequate cause for rejection of candidate and / or termination of studentship at any time.

I declare that the foregoing information is correct and complete to the best of my knowledge and belief.

Date

Place

\_\_\_\_\_  
Signature of the candidate

**Instructions and Requirements**

- 1) Selection of the candidate will be done on criteria of merit decided by the selection committee.
- 2) Following duly attested certificates are to be submitted along with duly filled application form
  1. MBBS Degree Certificate.
  2. MD/MS/DNB Degree Certificate.
  3. Permanent Registration Certificate.
- 3) Any application received after the specified last date will not be considered.
- 4) Decision of the selection committee shall be final and no appeal will be entertained.