



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

APPLICATION FORM FOR FELLOWSHIP IN HIV PART - A

Affix recent
passport
Size Photo duly
attested by
gazetted officer
/ Head Of the
Department

1. Applicants full name: (in capital letters)

(First name) (Middle name) (Family name)

2. Date of Birth & Age: _____ years. 3. Sex: M / F
D M Y

4. Religion: _____ Caste: _____ Nationality: _____

5. Complete mailing (postal) address including pin code:

6. Telephone numbers:

a. Land line: _____

b. Mobile number _____

7. Permanent address of applicant:

8. E-mail address: _____

9. EDUCATIONAL QUALIFICATIONS:

Sl.No	DEGREE, SPECIALISATION , UNIVERSITY	Month & Year of Passing	
		From	To
	UG		
	PG		
	Other		

Fellowship Program in HIV Medicine , RGUHS, Bangalore

10. Date of Completion of Compulsary Rotatory Internship and Council Registration Number:

11. Describe your role/involvement in HIV/AIDS care (give details of how long you have been involved, describe **all HIV related activities** including clinical care, staff training, organizing programmes, administrative responsibilities and networking with NGOs as appropriate.)

12. WORK EXPERIENCE:

Please provide details of your work experience with the last three hospitals/organizations that you have worked for, starting with the present organization. In case you are currently working in more than one hospital (part time), please specify.

Sl No	Name of the institution/hospital	Position	From	To

13. Are you In-service Candidate : If yes furnish the information in Annexure - II

14. Why do you want to undertake the Fellowship in HIV Medicine course? How will it benefit yourself and your organization / hospital?

15. Application Fee details:

Amount _____ Challan No. _____ Date _____ Bank _____

16. References

Minimum 2 references to be included. Prescribed form (Annexure I)should be used.

Fist Referee

Second Referee

Name

Name

Position

Position

Address

Address

Telephone/Email

Telephone /Email

17. DECLARATION

I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application form and also in the enclosures submitted by me are true and correct. I have not deliberately concealed any information. Should it however be found that any information furnished therein fraudulent, incorrect or untrue in material particulars, I realize that I am liable to criminal prosecution and also agree to forego my seat in the college, further that the selection and admission to the Fellowship Course is liable to be cancelled, I agree to abide by the Rules and Regulations prescribed for the same by the Government, Institution, University from time to time.

Signature of the Candidate

Place:

Date :

Annexure I

Reference Form for HIV Fellowship

Please complete all sections. Please write in block letters

Applicant Information

Full Name _____

For how long have you known the applicant _____

In what capacity do you know the applicant _____

Referee Information

Name _____

Position _____

Organization _____

Contact Info _____

Signature _____

Date: _____

Please assess the candidate on a scale of 5 (highest) to 1 (lowest) in relation to the following criteria

	Excellent	Very Good	Good	Fair	Poor
	5	4	3	2	1

Intellectual Ability _____

Communication Skills _____

Ability to meet Deadlines _____

Ability to Organize Workloads _____

Ability to Work Independently _____

Ability to Produce Original Work _____

Motivation _____

Clinical Skills _____

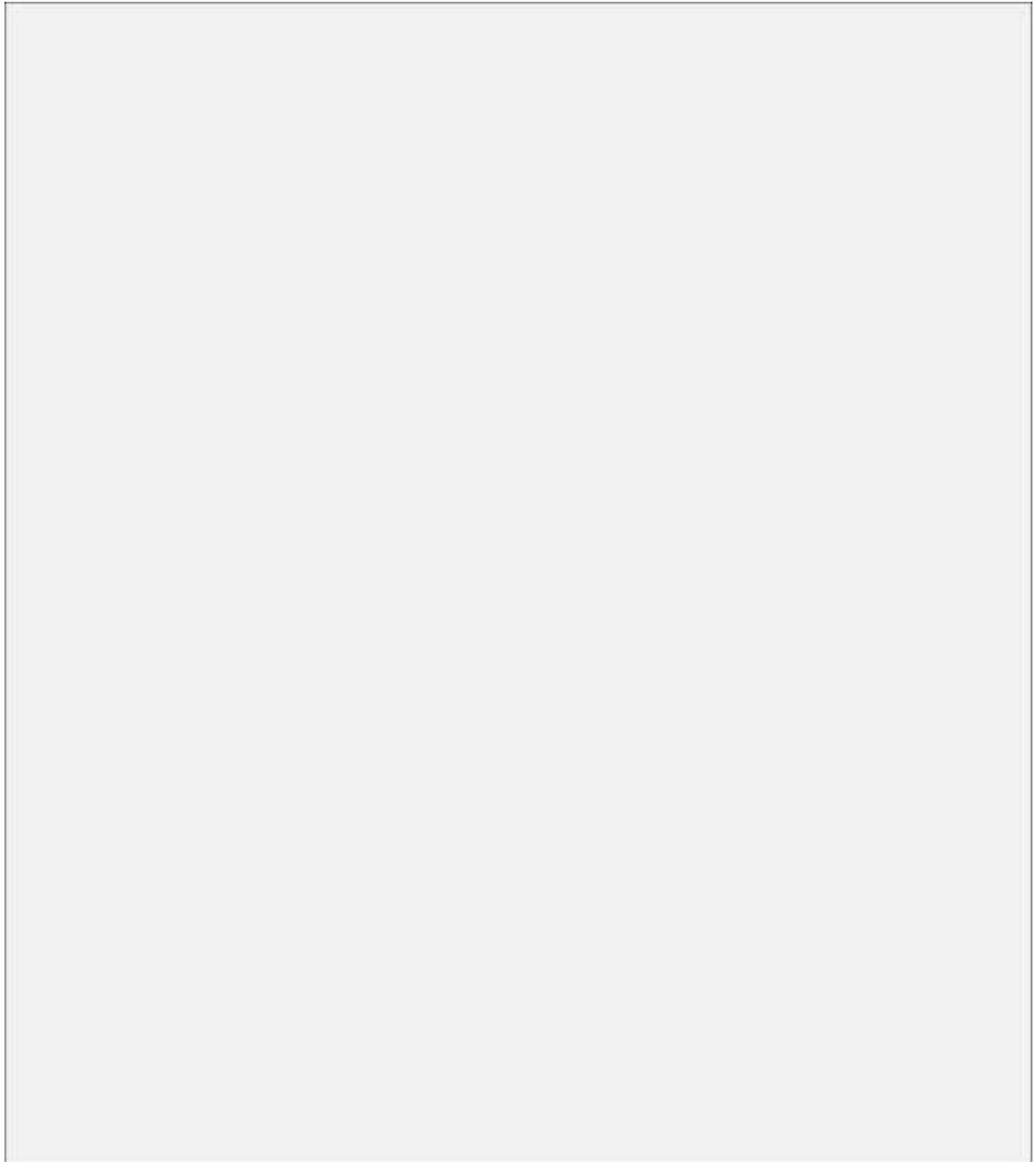
Patient Management Skills _____

Public Health Concern _____

Any Other

Overall Score

Please comment in writing about the applicant, which can include suitability to the course and ability to complete it.

A large, empty rectangular box with a thin black border, intended for writing a comment about the applicant. The box is currently blank.

ANNEXURE – II

IN-SERVICE CANDIDATES

The following information provided by the candidate should be verified and forwarded by the concerned Head of the Department.

1. Department :
2. Present place of working :
3. Date of Joining the Service :
4. Probationary Period Declared or Not :
5. Probationary Period Declared Date :
6. Doing PG Deg. / Dip. Course :
7. PG Degree Doing / Done :
8. Date of completion of PG Degree :
9. PG Diploma Doing / Done :
10. Date of completion of PG Dip. :
11. Specialty in which he / she working :
12. Whether any enquiry is pending against him/her :
13. Whether he / she under suspension :
14. Whether he / she is under unauthorized absence :
15. Remarks, if any :

Signature of the Candidate

Place:

Date :

Certified that the particulars furnished above have been verified and found correct and he/she is eligible to apply the Fellowship Programme in HIV.

Signature of the Head of the Department with seal