



## **Pediatric Infectious Diseases Fellowship**

Under the aegis of Indian Academy of Pediatrics

An Initiation Of IAP ID Chapter

### **Applications Form For The Candidate to Join Fellowship**

Academic year 2023-24

Color Passport  
size photo

1. Name of candidate: Dr. \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years Sex: M / F
3. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Contact numbers: \_\_\_\_\_
5. Email id: \_\_\_\_\_
6. Qualifications: \_\_\_\_\_
7. Qualification details:

	Year of passing	Marks obtained	% of Marks	Institute / University	Certificate attached? Y / N
MBBS					
M.D.					
DNb					
Any other					

8. Medical Council Registration: \_\_\_\_\_ MCI / \_\_\_\_\_ State Medical Council

9. Past professional experience:

S. no	Institute's name, location	Position held	Tenure in months	Year of working	Teacher's name	Certificate attached? Y / N

10. Preference of the Institute:

Preference 1	Preference 2	Preference 3

**Candidate's Sign**

**Date:**

**Note: Please send the properly filled application along with following document:**

- 1) A bonafide certificate from the Head of Department of Paediatrics of his / her institution where he / she has completed the post graduate training in Paediatrics
- 2) Photocopies of the Marks sheet, Degree passing certificates.
- 3) Photocopies of the certificate of registration with the appropriate State Medical Council or Medical council of India
- 4) Curriculum vitae
- 5) Letter of reference from two referees

**The Last date to receive the duly application form will be 30/5/2013.  
The application is to be addressed to the Chairperson of the chapter**

Dr Digant D. Shastri  
Chairman, ID Fellowship  
Killoi Children Hospital,  
303,304 Takshshila Apartments,  
Majura Gate Surat-395002  
303,304 Takshshila Apartments,  
[drdigant@hotmail.com](mailto:drdigant@hotmail.com)  
09879538800