



## **Sri Ramachandra Medical Centre** **Department of Radiology and Imaging Sciences**

The Department of Radiology and Imaging Sciences, Sri Ramachandra Medical Center is pleased to announce the admission to Fellowship Program in

### **Breast Imaging and interventions**

#### **Course Details:**

#### **1 Fellowship in Basic Breast Imaging and interventions**

Course available for 6 months and also 1 year.

**Number of seats** : 2 seats (Jan to June session) - 6 months  
2 seats (July to Dec session) - 6 months  
2 seats (Jan to Dec session) - 1 year

- **Fee :** For **6 Months** - Rs. 75,000 (Rupees Seventy five thousand only)  
For **1 Year** - Rs. 1,50,000 (Rupees One Lakh Fifty thousand only)
  
- **Stipend :** For **6 Month** Course: 1 to 2 Months – No stipend.  
3 to 6 Months - Rs. 35,000/ per month  
For **1 Year** Course: 1 to 6 Months – No stipend.  
7 to 12 Months - Rs. 35,000/ per month

Qualification: MD/DNB (Radiology)

Training timings : 8.00 am to 6.00 pm

Attendance Requirement for examination : 90%

#### **July session (6 months) :**

- Last date for submitting Application **May 2<sup>nd</sup> Week 2026**
- Written entrance test & interview will be on **May Last Week 2026 at SRMC**
- Course commences on **1<sup>st</sup> week of July 2026**

#### **January session (1 year) :**

- Last date for submitting Application **November 2<sup>nd</sup> Week 2026**
- Written entrance test & interview will be on **November Last Week 2026 at SRMC**
- Course commences on **2<sup>nd</sup> January 2027**

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

Address for communication :

The Medical Director

Sri Ramachandra Medical Centre

Porur, Chennai – 600 116.

Phone – 044 – 45928552 ( 8 to 4 pm)

**OR**

Head of Clinical Services (HOCS)

Department of Radiology and imaging sciences

Sri Ramachandra Medical Centre

Porur, Chennai – 600 116.

Phone – 044 – 45928625 (8 to 4 pm)

Website : [www.sriramachandra.edu.in](http://www.sriramachandra.edu.in) ( Medical Centre)

e mail : [fellowship.mc@sriramachandra.edu.in](mailto:fellowship.mc@sriramachandra.edu.in)



## SRI RAMACHANDRA MEDICAL CENTRE

Porur, Chennai - 600 116.

### DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

#### APPLICATION FORM 2026 Session

Affix your latest  
colour Passport  
size photograph  
here.

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

1. MSK Imaging (1 year)  2. Basic breast imaging & interventions (1 year)   
3. Basic breast imaging & interventions (6 Months)

**(Please give two choices in the order of preference)**

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

Contact Details	:	E-mail ID :
b) Mother's Name Contact Details	:	Mob : E-mail ID :
c) Spouse's Name & Contact Details	:	Mob : E-mail ID :
3. Gender	:	Male <input type="checkbox"/> Female <input type="checkbox"/>

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	:	<input type="checkbox"/> Recogn <input type="checkbox"/> Not Recognized	

the Medical Council of India.		<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>							
7. a) Whether the candidate has passed all the examinations in the first attempt	:	PG : Yes / No MBBS: Yes / No							
b) If no, how many attempts were made to pass	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Course</th> <th style="width: 40%;">No. of attempts</th> </tr> </thead> <tbody> <tr> <td>MBBS</td> <td></td> </tr> <tr> <td>PG</td> <td></td> </tr> </tbody> </table>		Course	No. of attempts	MBBS		PG	
Course	No. of attempts								
MBBS									
PG									
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**

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be not genuine, I agree to forego my claim for admission and abide by the decision of the Sri Ramachandra Medical Centre authorities.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein. I undertake to abide by the Rules and Regulation of Sri Ramachandra Medical Centre.

Place:

Signature of the Candidate

Date

Name:

