

Fellowship in Gynecologic Endoscopy - Sri Ramachandra Medical Centre



- **Qualification : MS/MD (OB-GYN) / DNB(OB-GYN)**
- **Number of Seats : B1 – Annual ADMISSION (2 Seats / Batch)**
- **Course Duration : 12 months**
- **Course Fee : Rs. 5,00 , 000/- (Rupees Five Lakhs only)**
- **Stipend : Rs. 20,,000/- per month (Rupees Twenty thousand only)**

- **Training in diagnostic laparoscopy and hysteroscopy and operative laparoscopic cystectomy (simple,dermoid , endometriosis), laparoscopic myomectomy , hysterectomy, tubal surgeries, hysteroscopic myomectomy, polypectomy, septal resection, etc. and exposure to gynecologic oncology**
- **Attendance requirement for examination : 90 %**

For downloading application – Visit www.sriramachandra.edu.in and click on Fellowship in Gynaecologic Endoscopy and send the filled application to usharani@sriramachandra.edu.in

Address for Communication: Professor G.Usha Rani M.D. (O&G)
Senior Consultant Department of Obstetrics and Gynaecology,
Sri Ramachandra Medical Centre, No. 1 Sri Ramachandra
Nagar, Porur, Chennai 600116

Mail ID : usharani@sriramachandra.edu.in /
srmc.gynendoscopy@gmail.com



SRI RAMACHANDRA MEDICAL CENTRE

Porur, Chennai - 600 116.

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

**APPLICATION FORM FOR
GYN
NA ECOLOGIC ENDOSCOPY**

FELLOWSHIP IN GY

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. 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 : Mobile : E-mail ID :
2. a) Father's Name Contact Details	:	Mobile : E-mail ID :
b) Mother's Name Contact Details	:	Mobile : E-mail ID :
c) Spouse's Name Contact Details	:	Mobile : 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	:		
Application for Year / Seccsion			
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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	
b) Whether the College and course is Recognized by the Medical Council of India.	:	Recognised	Not Recognised
7. Work experience	:	
8. Details of Permanent Registration with the Medical Council incorporating PG qualification (Photocopy to be enclosed)	:	State : Regn. No.: Date :	

9. a) Papers Presented:

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b) Papers Published:

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(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:

Submit Application online (with attachments) to:

The Medical Director, Sri Ramachandra Medical Centre, Porur, Chennai – 600 116.

Email Id : fellowship.mc@sriramachandra.edu.in usharani@sriramachandra.edu.in