



16. Academic Qualification :

Sl.No.	Course Completed	Name & Place of the Institution	University	Month & Year of Passing	% of marks / class obtained
1.	MD / MS				
2.	MBBS				
3.	Others (specify)				

17. Experience & Present Position held : .....

Sl.No	Designation & Office	From	To	Total Experience

18. Affiliation / Membership : .....

19. Extra Curricular Activities : .....

20. Details of Research Activities : .....  
 Papers presented / published .....  
 .....  
 .....

21. Payment Details : Demand Draft for Rs.1000/- drawn in favour of **M.V.Hospital for Diabetes (P) Ltd.** Payable at Chennai. DD No.....Date.....  
 Bank & Branch.....

**DECLARATION BY THE APPLICANT**

I hereby declare that I have understood the eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and have provided necessary information in this regard to the best of my knowledge.

**Place:**  
**Date :**

**Signature of the Applicant**