



REGISTRATION FORM FOR FELLOWSHIP IN CLINICAL DIABETOLOGY (FCD)

I. Name of the Participant :

II. Age & Date of Birth :

III. Sex :

IV. Mother Tongue :

V. Nationality :

VI. Academic and Professional Qualification:

VII. Designation in the present Hospital /Institution:

VIII. Address for Communication (in Block Letters):

IX. Mobile No.:-----

X. Contact person name in case of emergency with phone No. _____

XI. E-Mail ID:-----

XII. Name of the Program: FELLOWSHIP IN CLINICAL DIABETOLOGY

1. *NRI students must produce all original certificates for verification and submit the Xerox copy to the AO at the time of joining.

2. Take DD of Rs. 100 drawn in favour of M.V. Hospital for Diabetes (P) Ltd payable at Chennai

DD no: Date : _____

Bank Branch: _____

3.*NRI students must produce Photo copy of Passport and Visa along with certificates.

4. * Shortlisted applicants will have to appear an Entrance examination followed by Interview on the same day in campus.

5. Submit Hard copy of the applications along with the DD to the following Address:

**M.V. Hospital for Diabetes & Prof. M. Viswanathan Diabetes Research Centre,
Royapuram, Chennai**

No.4, West Madha Church Street, Royapuram, Chennai - 600 013. Tamil Nadu, India.

*You can scan the documents (application form/ DD) and share it via email to

academics@mvd diabetes.com

Declaration by the Candidate

I hereby declare that all the information given by me in this application is true and correct to the best of my knowledge and belief. I also note that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I am liable to be disqualified and my admission may be canceled.

Date:

Signature of the Applicant

OFFICE USE

Enrollment No:

Date of Receipt:

Remarks :

Selected : YES/NO

PAN No :

Aadhaar No :

A.O signature / Seal