

## **REGISTRATION FORM FOR FELLOWSHIP IN CLINICAL DIABETOLOGY (FCD) COURSE**

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

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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 Course: **Fellowship in Clinical Diabetology (FCD)**

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, 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.

## **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. I have read and understood the contents of the student agreement and hostel rules and regulation.

Date :

Signature of the Applicant

### **OFFICE USE**

Enrollment No:

Date of Receipt:

Remarks :

Selected : YES/NO

PAN No :

Adhaar No :

A.O signature / Seal