

Serial No. 00/M|F



RS. 100.00/-

**APPLICATION FORM
INDIAN ACADEMY OF
OBSTETRICS & GYNECOLOGY,
DIBRUGARH. INDIA.**

Date of Application:

Application Number:

Passport size recent
Photograph duly signed by
the applicant

PLEASE FILL THE FORM GIVEN BELOW

1. Name is full:
(In Capital Letters)
2. Official Designation:
3. Name of the Medical College:
4. Years of service:.....
5. Residential Address:
.....
.....
6. Pin Code: 7. State:
8. Town/City: 9. Country:
10. Telephone (with STD code):
 I. Resident:
 II. Office:
11. Fax:
 I. Resident:
 II. Office:
12. Mobile:..... 13. Pager:
14. E-mail: 15. Web Site:
16. Date of Birth: 17. Place and State of Birth:
18. Gender of Applicant: 19. Marital Status:
20. Nationality of the Applicant:

SIGNATURE OF THE APPLICANT WITH
DATE.

21. Qualifications of the applicant:

Qualifications	Years	Institution
1. <i>M.B.B.S.</i>		
2. <i>D.G.O</i>		
3. <i>M.D.</i>		
4.		
5.		

22. Employment details:

Employment	Duration	Institution
1. PRCA/ Rotating Internship		
2. Housemanship		
3. Register/ Resident Surgeon		
4. Residency Junior: Senior:		
5. Assistant Professor/ Lecturer		
6. Associate Professor/ Reader		
7. Professor		
8. Professor & Head of the department		
9.		

23. Publications:

• National:

1.
2.
3.

(Enclosed in extra sheet.)

• International:

1.
2.
3.

(Enclosed in extra sheet.)

24. Thesis:

Self M.D. thesis

Name of the subject:

Under University:

In the year:

Thesis guided by you: 1.
2.
3.
(Enclosed in extra sheet.)

25. Examination ship:

Undergraduate

	Period	University
Internal		
External		

Post graduate

	Period	University
Internal		
External		

26. Seminar/Conference:

National

Period	Delegate	Chairman

International

Period	Delegate	Chairman

27. If any other activities:

- i.
- ii.
- iii.
- iv.
- v.
- vi.
- vii.
- viii.
- ix.
- x.

28. Evolution fee for the application

SL. No.	DD/CR		Issuing Office	Value (Rs.)
	No.	Date		

Signature of the Applicant with date

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INSTRUCTIONS TO APPLICANT FOR THE APPLICATION

1. All applications should be sent to the following address:
 Prof. S. N. R. Patgiri,
 P. Q. 1.,
 P.O. Assam Medical College, Dibrugarh.
 Pin: 786002 (Assam.).
 India.
 Telephone: 91-373-300007.
 Fax: 91-373-301213.
 E-mail: drpatgiri@ponmail.zzn.com
2. Applicant should send the applications by Register Post (A.D.).
3. Application fee should be send by Demand Draft (D/D).
4. Application fee once received shall not be refunded.
5. Applicants applying from outside India should also send their application fee along with their applications. The amount of application fee must not fall short of prescribed fee when application fee is converted in Indian currency.
6. The demand draft should be payable to “Indian Academy Of Obstetrics & Gynecology, Dibrugarh”.
7. Indian Academy Of Obstetrics & Gynecology reserves the right to reject or accept the application for evolution. The application fee if rejected shall not be refunded.
8. Application should be accompanied with a certificate from Professor & Head of the Department of Obstetrics & Gynecology of his/her working Medical College.

