



ADVANCED HIV FELLOWSHIP PROGRAMME
Clinical and Leadership Training
APPLICATION FORM for Year 6
November 2010 – November 2011

Kindly type responses in space provided.

1. APPLICANT NAME (in full):

FIRST NAME:

MIDDLE NAME:

LAST NAME:

*Please paste here
a recent
passport photo
self-attested.*

2. DATE OF BIRTH (month/day/year):

3. AGE:

4. SEX: M F (30% seats are earmarked for women candidates)

5. NATIONALITY: INDIAN OTHERS: _____ (only Indian Nationals are eligible)

6. SPONSORED: YES If yes, please specify your sponsor:

NO

7. PERMANENT ADDRESS:

Pin Code: _____ State: _____

8. PHONE (include state code):

Landline:

Mobile:

9. EMAIL:

Alternate:

10. ADDRESS FOR COMMUNICATION

Pin Code: _____ State: _____

11. LANGUAGE SKILLS: Please check your written and verbal fluency.

Language	Read	Write	Speak
English			
Tamil			
Telugu			
Malayalam			
Kannada			
Hindi			
Others (pl specify)			

EDUCATIONAL QUALIFICATIONS* (in full):

M.B.B.S	COLLEGE	UNIVERSITY	PERCENTAGE OF MARKS OBTAINED	C.R.R.I –YEAR OF COMPLETION

POST GRADUATE*:

DEGREE/DIPLOMA IN SPECIALITY	UNIVERSITY	MARKS	YEAR OF COMPLETION

*Please submit attested copies of originals with application form.

COMPUTER SKILLS:

Please check you level of comfort with the following computer programs:

Computer Program	Not Comfortable	Comfortable	Very Comfortable
Microsoft Word			
Microsoft PowerPoint			
Microsoft Excel			
Internet and Email			

PERMANENT MEDICAL REGISTRATION NUMBER*:

YEAR OF REGISTRATION:

STATE MEDICAL COUNCIL REGISTERED IN:

TITLE AND DESCRIPTION OF THESIS /DOCTORAL STUDY SUBMITTED* (if any):

*Please submit attested copies of abstract with application form.

RESEARCH PAPERS* (only those published in peer reviewed journals, if any)

S.NO.	TITLE OF WORK/PAPER	AUTHORS	JOURNAL/ CONFERENCE PUBLISHED
1			
2			
3			
4			

*Please submit attested copies of originals with application form. Add separate sheet if necessary.

CURRENT POSITION HELD:

INSTITUTION/HOSPITAL/PRIVATE/NGO:

DATE SINCE EMPLOYED:

PART-TIME/FULL-TIME:

NATURE OF JOB ROLES & RESPONSIBILITIES:

PREVIOUS WORK EXPERIENCE (list most recent to past):

DESIGNATION/ JOB TITLE	ORGANISATION	DATES OF EMPLOYMENT FROM – TO	NATURE OF JOB-ROLES & RESPONSIBILITIES

WORK REFERENCES: List your two most recent Supervisors under whom the candidates you have worked

S.NO	NAME	DESIGNATION	ADDRESS	PHONE	E-MAIL
1					
2					
3					

MEMBERSHIP OF ACADEMY/ORGANISATIONS/INSTITUTIONS:

S.NO	TITLE OF ORGANISATION/ ACADEMY	NATURE OF MEMBERSHIP	POSITION HELD

HIV/AIDS EXPERIENCE (if any, including volunteer work):

HIV /AIDS–PROPOSED RESEARCH PROJECT (You will be asked to perform an HIV clinical or public health research project as a part of your fellowship training. Please provide a brief outline of your proposed research topic within 250 words.):

STATEMENT OF PURPOSE: Kindly provide a brief statement of purpose within 250 words describing why you are interested in the HIV Fellowship Program. Please explain how you plan to use this training after your completion of the program on 8 November 2009.

HOW DID YOU COME TO KNOW OF THE HIV FELLOWSHIP PROGRAM?:

- INTERNET COLLEAGUES ADVERTISEMENT → Where? _____
- DEPARTMENT CIRCULAR NGO OTHER (please specify): _____

The information provided in the application form is true to the best of my knowledge.

SIGNATURE: _____ **Name** _____

DATE: _____

NB:

1. **Candidates from Tamil Nadu Medical Services** should forward their original applications through their Heads of respective Institutions through the Heads of Department to the DMS, DPH and DME. Please also submit an advance copy to the SUPERINTENDENT, GOVERNMENT HOSPITAL OF THORACIC MEDICINE, TAMBARAM SANATORIUM, CHENNAI 600 047.
2. **Candidates deputed from Private Organizations** should forward their applications through their Heads of Institutions with specific remarks of the Head of Department to the SUPERINTENDENT, GOVERNMENT HOSPITAL OF THORACIC MEDICINE, TAMBARAM SANATORIUM, CHENNAI – 600 047.

FORWARDING LETTER OF SPONSORING AUTHORITY:

Herewith forwarding/sponsoring DR. _____ to undergo the HIV Fellowship Program for a period of one year. She/He will be relieved if selected, immediately.

Seal of Institution

Signature
Head of Institution

Completed application forms shall be submitted to the respective authorities, along with self attested copies of originals sent to the Superintendent, Government Hospital of Thoracic Medicine, Tambaram Sanatorium, Chennai 600 047, on or before the **APPLICATION DEADLINE: August 25, 2010.**