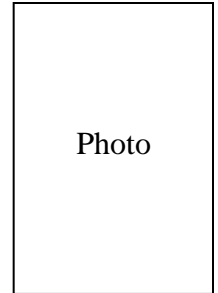




**Application Form**

**FELLOWSHIP IN INFECTIOUS DISEASES**  
*Ganga Ram Institute of Postgraduate Medicine and Research*

**Division of Infectious Diseases and HIV, Department of Medicine,  
Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi 110060**



**PLEASE FILL IN CAPITAL LETTERS ONLY**

Name: .....

Date of Birth / Age: .....

Institution: .....

Postal Address: .....

.....

Phone (Off / Res): ..... Mobile: .....

E-mail: .....

**Educational Qualification**

S. No.	Qualification	Year of passing	University

*Payment Details*

Demand Draft (DD) no.....Bank .....Date .....

Amount Rs..... in words .....

DD in favour of “**Sir Ganga Ram Hospital**”, payable at New Delhi.

I hereby declare that the particulars provided in the application form are correct and I shall adhere to all the rules and regulations of Sir Ganga Ram Hospital.

Date.....

Signature.....

**Instructions**

- Please fill the application form completely and furnish all details required therein.
- Enclose attested copies of relevant certificates along with two passport size photographs with CV.