

APPLICATION FOR IAPA FELLOWSHIP COURSE

1. Name and address of the Institution:

Fax, Phone, E-mail Address

2. Head of the Institute:

(Medical Superintendent /Director)

**3. Name of the HOD /
Course Director:**

4. Interview Date:

5. Year of Eligibility :

6. Assign Batch (January / July):

7. Course Start Date:

8. Course End Date:

9. Fellowship fee Details:

Payment Date:
Online Details:

Cheque/DD No:

Bank Transfer Details:

10. Student Information:

(Along with joining report with 2 photographs)

Enclosures: MBBS/MD/DNB

(all the certificates attested with HOD)

Signature of the HOD

(with Stamp)