



Application for the SIAMG Fellowship

Stick passport size
photograph

1. Complete Name (in Block letters) :
(As per SSC / X Class Record)
2. Gender:
3. Date of birth:
4. Age:
5. Qualifications:
6. Medical council registration number:
7. SIAMG Membership Number:
8. Present designation:
9. Complete address:
10. Contact number(s):
11. Email id:
12. Educational qualifications (starting with graduation):

Degree	College/ University	Year of passing	Awards/ distinctions/ honours

13. Professional experience (in the chronologically descending order beginning with the current position):

Designation	Hospital/ Institute	Duration	Special experience/ honours if any

14. Additional academic achievements/ professional activities:

15. List of publications (beginning with the most recent publication, list all publications with the complete reference):

13. Mention briefly (in not more than 250 words) your reasons for applying for this fellowship and how you think it would help you in your medical practice:

Date:
Place:

Signature of the applicant

Instructions:

- i. The applicant must have a basic medical qualification recognized by the Medical Council of India (i.e. MBBS or an equivalent degree) and a postgraduate medical degree in Pathology/ Microbiology/ Biochemistry/Anatomy/Physiology recognized by the Medical Council of India (i.e. MD/DNB degree).
- ii. A self-attested photocopy of each degree/ fellowship/ training program mentioned in the form (graduation, postgraduation, etc.) and of the medical registration certificate (should be sent along with the application form.
- iii. The decision as to whether an applicant qualifies for the SIAMG fellowship rests solely with SIAMG
- iv. The application form may be sent by ordinary/ registered post or courier to the address mentioned below or it may be sent as an attachment to the email id indicated below. In case the application is sent through email, scanned copies of all the necessary documents (pertaining to qualifications) signed by the applicant have to be sent as additional attachments.
- v. Incomplete applications will be rejected

Mailing details:

Duly filled application forms to be sent by ordinary/ registered post or courier to:

Dr Ashwin Dalal
Secretary, SIAMG
Head, Diagnostics Division
Centre for DNA Fingerprinting and Diagnostics
4-1-714, Tuljaguda Complex Mozamzahi Road,
Nampally Hyderabad Andhra Pradesh 500001 INDIA

The application form can also be sent by email, with scanned copies of the necessary documents to:
info@iamg.in

For more details refer to the website: www.iamg.in or write to info@iamg.in