



Application No.:

**APPLICATION FOR ADMISSION TO ONLINE FELLOWSHIP PROGRAM LEADING TO  
POSTGRADUATE DIPLOMA IN HEALTH PROFESSIONS EDUCATION – JANUARY 2021**

**TICK AND FILL:**

APPLICATION FOR: Fellowship in Health Professions Education

PG Diploma in Health Professions Education

1. Name of the Applicant :

[as entered in P.G. Degree Certificate] in Capital Letters

Affix Passport  
Size Color  
Photo

2. Gender : Male  Female  Third Gender

3. Date of Birth(DD-MM-YYYY): Age:

4. Community : SC  ST  MBC  BC  OBC  OC

5. Nationality :

6. Religion :

7. Name of Father / Husband :

8. Address for Communication:

Residential Address	Office/Institution Address
<p>Phone/Mobile No.</p> <p>Email:</p>	<p>Phone/Mobile No.</p> <p>Email:</p>

**9. Academic Qualification :**

Academic Qualification (UG to M.Phil)	Name of the School/College	Board / University	Month & Year of Passing & Reg. No.	Subject	% of Marks	Class / Rank

**10. Professional/Teaching Experience:**

Sl.No.	Designation	Institution	Duration	
			From	To

**11.** The subject in which the candidate has qualified for the Master's Degree/M.Phil / PhD :

**12.** The above master's Degree was awarded by :  
(Faculty of Science, Faculty of Engineering ,  
Faculty of Management, Faculty of Medicine,  
Faculty of Allied Health Sciences,  
Faculty of Dentistry, Faculty of Nursing, etc.,)

**13. Details of Demand Draft towards application fee [for candidates from India Only]**

**DD.No:**

**DD Date:**

**Bank Name:**

Certified all the information provided are true to the best of my knowledge.

**Signature of the Applicant**

Station :

Date :

**Tuition Fees Details:**

<b>Program Name</b>	<b>Indian Candidates</b>	<b>Foreign Candidates</b>
Fellowship in Health Professions Education	30,000 INR	400 USD
PG Diploma in Health Professions Education	50,000 INR	700 USD

- **Examination Fee will be notified later.**