



UPPAL NEURO HOSPITAL

4-RANI KA BAGH, AMRITSAR.



FELLOWSHIP IN NEURO CRITICAL CARE (FNCC)

In affiliation with IMA-Academy of Medical Specialities

Note: All fields are mandatory. Please fill each and every section.

Personal Details

First Name:		Last Name:	
Date of Birth:	<input type="checkbox"/>	Nationality:	
Blood Group:		Gender:	Male Female
How did you hear about the Fellowship in Neuro Critical Care?	<input type="checkbox"/> Social Media Friends Other Sources <input type="checkbox"/> Event News/PrintMedia		

Contact Details

Email Address:			
Mobile Number:		Alternative Mobile Number:	
Current Address			
Address:			
City:		Country:	
State:			
PIN/ZIP:			
Permanent Address			
Address:			
City:		Country:	
State:			
PIN/ZIP:			

Academic Qualifications

Degree	Year	Attempts	Any Honours	Name of Institution
M.B.B.S				
M.D/DNB Specialty				
Any other qualification				

Work Experience

Nature of Employment:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Freelance	<input type="checkbox"/>	<input type="checkbox"/>
Name of the Organisation:					
Designation/ Role:				Location:	
Organisation Type:	<input type="checkbox"/> Public/GovernmentSector	<input type="checkbox"/> PrivateSector	<input type="checkbox"/> Non-GovernmentalSector		
Work Experience (In Year or Months):	Starting date:				
Description of Roles and Responsibilities:					

Reference Details (A referee could be a teacher you were taught by or a superior you worked/trained under, who would be willing to answer questions about your candidature. Please avoid giving details of a friend or relative.)

Name of the Referee:					
Organisation:			Designation:		
Contact Number:			Email Address:		
In what capacity does the referee know you?(Max. 100 words)					

Why do you want to be a part of the Fellowship in Neuro Critical care? (Max.350 words)

**Is there anything else you would like to mention that would add to your candidature for the Fellowship?
(Max.350 words)**

Declaration

I hereby declare that the information given in this application form is complete, true and correct to the best of my knowledge. If admitted, I agree to comply with the rules of the institute.

Signature

Guideline:-

- The candidate applying for the Fellowship in Neuro Critical Care (FNCC) should possess an MD or an equivalent degree (DNB) from an MCI recognised institute, with at least six months of experience in critical care.
- Candidates with a diploma from an MCI recognized institute are eligible with a two year experience post-graduation that includes at least six months experience in critical care.

Application Form Fee: Rs. 1,000

Payment Details:

Bank Account Details:-

Name: Uppal Neuro Hospital

Account No:- 30073721661

IFSC Code: SBIN0000732

**Uppal Neuro Hospital
4, Rani Ka Bagh, Amritsar,
Punjab
PIN: 143001
Contact:-7717300256,9992626990
Email:- unh.edumanager@gmail.com**