



UPPAL NEURO HOSPITAL

MULTI SPECIALITY CENTRE & RESEARCH INSTITUTE

4, Rani Ka Bagh, Amritsar



FELLOWSHIP IN NEURO CRITICAL CARE (FNCC)

In affiliation with IMA & AMS



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

Personal Details

First Name:		W/O S/O D/O	
Date of Birth:	<input type="checkbox"/>	Nationality:	
Blood Group:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

Contact Details

Email Address:			
Mobile Number:		Alternative Mobile Number:	
Current Address			
Address:			
City:		Pin Code:	
State:			
Permanent Address			
Address:			
City:		Pin Code:	
State:			

Academic Qualifications

Degree	Year	Attempts	Any Honors	Name of Institution
M.B.B.S				
MD/DNB Speciality				
DCH, DA				
Any other qualification				

Work Experience

Nature of Employment:			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of the Organization:				
Designation:				
Work Experience (In Year or Months):		Starting date:		

Clinical Skills:

Paper Publication/ Presentation/ Workshops/ Conference Attended:

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

Stipend will be paid

- 1) 50,000 (MD/DNB) or Equivalent
- 2) 40,000 (DCH/DA) or Equivalent

Brief Information:

- FNCC
- Duration – 1 year
- Full time working in the hospital
- Selection Basis, Entrance test, Clinical Interview
- D.O Starting – 1st July
- Affiliated with IMA-AMS HQ Hyderabad
- Fees : 99,500/-

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 recognized 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

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