\* \* \* \* \* \* \* \* \* \* \*



**Application Form**

**Fellowship in Reproductive & Maternal Health services**

**FIRMH (2017-2018)**

Email the completed application form, along with your recent CV (resume), **“**hrb@careindia.org**” and copy to** academia.iapsm@gmail.comwith the subject line **Fellowship application from Indian Association of Preventive and Social medicine (IAPSM)**.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Gender: \_\_\_\_\_\_\_\_
4. Medical Council of India /State Medical Council registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Name of State Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Complete postal address: Plot No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/ Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email id:
2. Phone number:
3. Relevant qualifications:
4. Relevant Experiences:
5. Please write why do you want to apply for the Fellowship (in 500 words)
6. Please write what would you want to do after the Fellowship (in 500 words)

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_/ \_\_ \_\_

**Last date for submission : 31st May 2017**