



# RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

## APPLICATION FORM FOR FELLOWSHIP IN HIV PART - A

Affix recent  
passport  
Size Photo duly  
attested by  
gazetted officer  
/ Head Of the  
Department

1. Applicants full name: (in capital letters)

\_\_\_\_\_

(First name) (Middle name) (Family name)

2. Date of Birth    & Age: \_\_\_\_\_ years. 3. Sex: M / F  
D M Y

4. Religion: Caste: Nationality:

5. Complete mailing (postal) address including pin code:

\_\_\_\_\_  
\_\_\_\_\_

6. Telephone numbers:

a. Land line:

b. Mobile number

7. Permanent address of applicant:

8. E-mail address: \_\_\_\_\_

9. EDUCATIONAL QUALIFICATIONS:

Sl.No	DEGREE, SPECIALISATION , UNIVERSITY	Month & Year of Passing	
		From	To
UG			
PG			
Other			

*Fellowship Program in HIV Medicine , RGUHS, Bangalore*

**10. Date of Completion of Compulsary  
Rotatory Internship and  
Council Registration Number:**

**11. Describe your role/involvement in HIV/AIDS care** ( give details of how long you have been involved, describe **all HIV related activities** including clinical care, staff training, organizing programmes, administrative responsibilities and networking with NGOs as appropriate.)

**12. WORK EXPERIENCE:**

Please provide details of your work experience with the last three hospitals/organizations that you have worked for, starting with the present organization. In case you are currently working in more than one hospital (part time), please specify.

Sl No	Name of the institution/hospital	Position	From	To

**13. Are you In-service Candidate** :  
If yes furnish the information in Annexure - II

**14. Why do you want to undertake the Fellowship in HIV Medicine course? How will it benefit yourself and your organization / hospital?**

**15. Application Fee details:**

Amount \_\_\_\_\_ Challan No. \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_

**16. References**

Minimum 2 references to be included. Prescribed form ( Annexure I )should be used.

**Fist Referee**

**Second Referee**

Name

Name

Position

Position

Address

Address

Telephone/Email

Telephone /Email

**17. DECLARATION**

I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application form and also in the enclosures submitted by me are true and correct. I have not deliberately concealed any information. Should it however be found that any information furnished therein fraudulent, incorrect or untrue in material particulars, I realize that I am liable to criminal prosecution and also agree to forego my seat in the college, further that the selection and admission to the Fellowship Course is liable to be cancelled, I agree to abide by the Rules and Regulations prescribed for the same by the Government, Institution, University from time to time.

**Signature of the Candidate**

Place:

Date :

**Annexure I**

Reference Form for HIV Fellowship

Please complete all sections. Please write in block letters

**Applicant Information**

Full Name \_\_\_\_\_

For how long have you known the applicant \_\_\_\_\_

In what capacity do you know the applicant \_\_\_\_\_

**Referee Information**

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Contact Info \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please assess the candidate on a scale of 5 (highest) to 1 (lowest) in relation to the following criteria

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

Intellectual Ability \_\_\_\_\_

Communication Skills \_\_\_\_\_

Ability to meet Deadlines \_\_\_\_\_

Ability to Organize Workloads \_\_\_\_\_

Ability to Work Independently \_\_\_\_\_

Ability to Produce Original Work \_\_\_\_\_

Motivation \_\_\_\_\_

Clinical Skills \_\_\_\_\_

Patient Management Skills \_\_\_\_\_

Public Health Concern \_\_\_\_\_

Any Other

---

**Overall Score**

---

---

Please comment in writing about the applicant, which can include suitability to the course and ability to complete it.

## ANNEXURE – II

### IN-SERVICE CANDIDATES

The following information provided by the candidate should be verified and forwarded by the concerned Head of the Department.

1. Department :
2. Present place of working :
3. Date of Joining the Service :
4. Probationary Period Declared or Not :
5. Probationary Period Declared Date :
6. Doing PG Deg. / Dip. Course :
7. PG Degree Doing / Done :
8. Date of completion of PG Degree :
9. PG Diploma Doing / Done :
10. Date of completion of PG Dip. :
11. Specialty in which he / she working :
12. Whether any enquiry is pending against him/her :
13. Whether he / she under suspension :
14. Whether he / she is under unauthorized absence :
15. Remarks, if any :

#### **Signature of the Candidate**

Place:

Date :

Certified that the particulars furnished above have been verified and found correct and he/she is eligible to apply the Fellowship Programme in HIV.

**Signature of the Head of the Department with seal**