

NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE
JABALPUR – 482003 (M.P.) INDIA
(Formerly - Govt. Medical College, Jabalpur)
(Affiliated to M.P. Medical Science University , Jabalpur)
Ph. No. 91-761-2370951, E-Mail : nscbmcjb@gmail.com



No. 8573/Esstt.G/2021

Jabalpur date: 06/09/2021

Applications are invited for entrance examination for Senior resident cum fellow for Neuroendoscopy fellowship (Madhya Pradesh Medical Science university certified program of 11 months duration). There are 3 seats.

No. Of seats	Eligibility	Duration of Course	Selection Criteria	Stipend
3	MCh or DNB in neurosurgery	11 months	Written exam= 75 marks Practical =25 marks	Equal to senior resident

Application form can be downloaded from College website- www.nscbmc.ac.in. Detailed prospectus is available in college student section.

Important dates

Last date for submission of application form	Date of theory and practical Examination	Date of Joining
01/10/2021	08/10/2021	Within 15 days of result declaration

Application form should be sent to the Dean NSCB Medical College by 5 pm on 01/10/2021.

Foreign National/ Non- Indian candidates can also apply for the fellowship.

Director

Superspeciality Hospital
NSCB Medical College Jabalpur

Dean

NSCB Medical College Jabalpur

NETAJI SUBHASH CHANDRA BOSE MEDICAL
COLLEGE, JABALPUR (M.P.)
NEUROENDOSCOPY FELLOWSHIP PROGRAM

Personal details

Full Name:

Father's Name:

Mother's Name:

Nationality:

Married/Unmarried:

Applied under (Open/Reserved):

Date of Birth:

Gender:

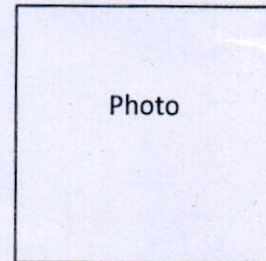
ID Proof:

ID No.

Place of issue:

Issue date:

Valid till:



Contact details

Email id:

Mobile no.:

Alternate no.:

Current Address:

Permanent Address:

Qualifications details

Undergraduate Qualification details(please send photocopy of degree)

Degree:

University Name:

Institute/College:

Admission date:

Passing date:

Marks obtained:

Percentage:

Internship details

Internship start date:

Completion date:

No. of days:

Post Graduate Qualification details (Omit if MCh/DNB of 6 years program)(please send photocopy of degree)

Degree:

University Name:

Institute/College:

Admission date:

Passing date:

Doctoral Qualification details (MCh/DNB)(please send photocopy of qualification)

Degree:

University Name:

Institute/College:

Admission date:

Passing date:

Any other qualifications:

Medical Registration details (please send photocopy of registration)

Registration type (Permanent/Provisional):

Registration date:

Registration No.

Registration authority:

State:

Experience/Employment details

Do you have work experience (Yes/No):

Are you currently in Govt service (Yes/No):

Institute/Hospital Name:

Experience as:

Position held:

Period from:

Period to:

Nature of duties:

Details of application fee (Rs 500) (DD and bank detail)

Dated:

Signature

Place:

Please send this form at Dean NSCB Medical College Jabalpur MP pin 482003 by 01/10/2021.

DD should be made in favour of " Registrar Madhya Pradesh Medical Science University Jabalpur".