

NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE

JABALPUR – 482003 (M.P.) INDIA

(Formerly - Govt. Medical College, Jabalpur)

(Affiliated to Madhya Pradesh Medical Science University Jabalpur)

Ph. No. 91-761-2370951, Fax No. 91-761-2673973, E-Mail : nscbjbp@gmail.com



DHO-9707

Date: 07/10/2022

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 (MCQs) = 80 marks Interview = 20 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 Exam and Interview	Date of Joining
31/10/2022	09/11/2021	Within 15 days of result declaration

Application form should be sent to the Director Office 4th Floor Superspeciality Hospital NSCB Medical College Jabalpur or by E-mail to address superspecialitynscbjbp@gmail.com by 5 pm, 31/10/2022.

NOTE-

1. Eligibility list of candidates will be sent to applicants on their mail within 5 days of last date of application submission. Admit cards will also be shared on mail.
2. Foreign National/ Non- Indian candidates can also apply for the fellowship.


Director
Superspeciality Hospital
NSCB Medical College Jabalpur


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:

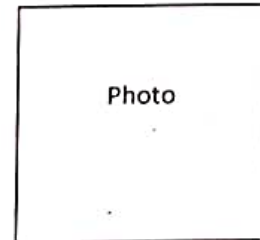
ID Proof:

ID No.

Place of issue:

Issue date:

Valid till:



Contact details

Email id:

Mobile no.:

Alternate no.:

Current Address:

Permanent Address:

Qualifications details

Jah
(Netaji)

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:

Handwritten signature and stamp

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/online and bank detail)

Dated:

Signature

Place:

Please send this form at Director Office, 4rth floor, Superspeciality Hospital, NSCB Medical College Jabalpur MP pin 482003 by 31/10/2022.

Applications can also be sent on Mail , e-mail is – superspecialitynscbjbp@gmail.com

DD should be made in favour of “Registrar MPMSU Jabalpur.”

Online payment can be done . Details are

A/c Holder- Madhya Pradesh AyurvigyanVishwavidhyalayaJabalpur

Bank Name- State Bank of India ,Medical College Branch

A/c Number-32105549579

IFSC Code- SBIN001445

Please attach receipt of online payment

Handwritten signature and stamp