



Dr. D. Y. Patil Medical College, Hospital and Research Centre

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' grade)

Pimpri, Pune - 411 018

Contact No. 020-27805900 /100

Email:-pgsection.medical@dpu.edu.in

ADVERTISEMENT

Applications are invited for Various Fellowship Programmes in prescribed format provided on our website. The details are as follows:-

FELLOWSHIP PROGRAMMES

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
1	Post Doctoral Fellowship in Seizure Disorders	Neurology	1 Year	DM/DNB Neurology	02	Rs.2,00,000/- Per Year
2	Fellowship in Neonatology	Paediatrics	1 Year	MD/DNB/DCH Paediatrics (University or CPS if obtained on or after December 2009)	04	Rs.1,00,000/- Per Year
3	Fellowship in Paediatrics Neurology	Paediatrics	1 Year	MD Paediatrics	04	Rs.1,00,000/- Per Year
4	Fellowship in Paediatrics Critical Care	Paediatrics	1Year	MD/DNB Paediatrics	02	Rs.1,00,000/- Per Year
5	Fellowship in Sports Injuries	Orthopaedics	1 Year	Postgraduate Diploma or M.S/M.D/DNB, M.Ch Orthopaedic in Surgery	04	Rs.1,00,000/- Per Year

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
6	Fellowship in Musculoskeletal Imaging	Radio-diagnosis	1 Year	MD/DNB Radio-diagnosis	02	Rs.1,00,000/- Per Year
7	Fellowship in Breast Imaging	Radio-diagnosis	1 Year	MD/DNB Radio-diagnosis	02	Rs.1,00,000/- Per Year
8	Fellowship in Clinical Psychology	Psychiatry	1 Year	M. A. (Psychology) / Master of Social Work (MSW)	20	Rs.25,000/- Per Year
9	Fellowship in Minimal Access Surgery (Basic)	General Surgery	1 Year	MS/DNB (Republic of India and MCI accredited) in Surgery. For Foreigners, Post Graduate degrees equivalent to and recognized by Medical Council of India	02	Rs.1,00,000/- Per Year
10	Fellowship in Paediatric Anaesthesia	Anaesthesia	1 Year	MD/DNB Anaesthesia / Diploma in Anaesthesia	02	Rs.1,00,000/- Per Year
11	Fellowship in Neuro-Anaesthesia and Neuro-Critical Care	Anaesthesia	1 Year	MD/DNB Anaesthesia / Diploma in Anaesthesia	02	Rs.1,00,000/- Per Year

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
12	Fellowship in Pain Management	Anaesthesia	1 Year	MD/DNB Anaesthesia / Diploma in Anaesthesia	02	Rs.1,00,000/- Per Year
13	Fellowship in Cardiac Anaesthesia and Critical Care	Anaesthesia	1 Year	MD/DNB Anaesthesia / Diploma in Anaesthesia	01	Rs.1,00,000/- Per Year
14	Fellowship in Programme Gastro-Intestinal Tract Radiology	Radio-diagnosis	1 Year	MD/DNB Radio-diagnosis/ DMRD/DMRE	02	Rs.2,00,000/- Per Year & 15,000(\$) Per Year for NRI Candidate
15	Fellowship in Immunology	Microbiology	1 Year	Medical Graduate (MBBS) and above	05	Rs.50,000/- Per Year
16	Fellowship in Molecular Medicine	Physiology	1 Year	MD/MS (All Streams)	02	Rs.2,00,000/- Per Year
17	Fellowship in Transfusion Medicine	Pathology	1 Year	MD/DNB Gen. Medicine / Paediatrics / Emergency Medicine / Anaesthesia / Pathology / Microbiology	02	Rs.1,50,000/- Per Year

Admission Procedure : a) Last date of submission application is 25th August 2019 without late fee & with late fee of Rs.1000/- up to 30th August 2019.

b) Selection shall be done on inter-se merit.

c) Commencement of Course 01st September 2019.

Interested candidates should mail the application form along with scanned copies of their mark sheets, Passing certificate and Photo ID Proofs to the above mentioned e-mail address.

Sd/-
(Dr. J. S. Bhawalkar)
D E A N



**Dr. D. Y. Patil Medical College, Hospital and
Research Centre, Pimpri, Pune –411018**

Dr. D.Y. PATIL VIDYAPEETH, PUNE

(Deemed To Be University)

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Email:-pgsection.medical@dpu.edu.in

Application for Fellowship course in: - _____

Name:- _____

Date of Birth: - _____ **Age:-** _____

E-mail ID:- _____

Mobile no.:- _____ **Residential no :-** _____

Aadhar Card no:- _____ (Attach Proof)

Pan Card no: - _____ (Attach Proof)

Residential address: _____

Year of Passing MBBS/any Graduation:- _____ (Attach degree/ passing certificate)

Year of Passing MD/DNB/Dip./CPS/any Post Graduation:- _____ (Attach degree/ passing certificate)

Details of Registration with Medical Council if applicable: -

- **MBBS** (Registration no. & Year) _____ (Attach Proof)

- **MD/ DNB/Dip./M.ch/CPS** (Registration no. & Year) _____ (Attach Proof)

Present working status: -

_____ (Attach Proof)

Note:- Certified that the above information is correct and I am willing to work in the Department on full time basis during the period of training.

Signature of Applicant

(-----)

Attach
Photo