

NNF NEONATOLOGY FELLOWSHIP EXAMINATION (FORM A)



NOTE: To be filled by Center Only

Date: _____

To,

**The Secretary NNF,
Off: 803 8th Floor, A-9
Northex Tower, Netaji Subhash Place
Pitampura New Delhi-110034
Tel: 011-27353535
Mob: 8527453535**

Dear Sir / Madam,

The following fellowship candidate trained at our Institute is eligible to appear for the **NNF Neonatology**

Fellowship Exit Exam Scheduled on _____

The details of the candidate and their examination fee are given below –

1) Candidate's name and full contact details -

Name: _____

Permanent Postal Address: _____

Mobile: _____

Email Id: _____

Qualification: _____

Date of Registration: _____

Sponsored/Non Sponsored: _____

Stipend received from hospital: _____

Full/Part Time: _____

(Please attach a copy of the appointment letter from Institute along with the pay slip)

Completed 80% of the prescribed period of training: Yes / No

Internal Assessment:

These marks are to be based on

- Scientific paper or publication during the course of the fellowship **(10 marks) please Provide proof**
- Log book **(5 marks) please send the log book along with form**
- Sincerity and commitment **(5 marks)**

Total marks for internal assessment (max marks 20) _____

Performance / Conduct / Internal assessment – Satisfactory / Unsatisfactory

Publication / Scientific paper during fellowship year Yes / No

Exam fee amount -Rs.15, 000/-. DD no: _____ Dated: _____

Bank _____

The demand draft should be in favor of "**National Neonatology Forum**" payable at **New Delhi.**

Signature of Candidate: _____

Signature of Institute Head

Signature of Fellowship Coordinator

NNF NEONATOLOGY FELLOWSHIP (Form B)



EXAMINATION FORM

NOTE: To be filled by Candidate Only

Date: _____

**To,
The Secretary NNF,**

Dear Sir / Madam,

I _____ would like to take the NNF Neonatology Fellowship Exit Exam Scheduled in

_____.

Name of the candidate: _____

Permanent Postal Address:

Mobile: _____

Email Id: _____

Age: _____

Sex: _____

Qualification: _____

Date of Registration: _____

Stipend received from hospital: _____

(Please attach a copy of the appointment letter from Institute)

Name of the Institute, where fellowship is done _____

Professional detail prior to the fellowship, i.e. working in Public / Private Sector/

Sponsored yes / no.

If yes, name of the sponsor _____

Publication Scientific paper/ Poster / Project etc. during fellowship year Yes / No

Specify details _____

(Attach a copy)

Exam fee amount - _____ **DD no:** _____ **Dated:** _____ **Bank:** _____

Signature of the candidate

Signature of Institute Head

Signature of Fellowship Coordinator