

NATIONAL NEONATOLOGY FORUM OF INDIA
803, 8th Floor, Northex Tower, Pitampura, New Delhi - 110034 (India)

Society Registration No. S/12637/1982

Photograph

APPLICATION FORM FOR DOCTORS TRAINEE FELLOWSHIP

Rules for selection of candidates

The National Neonatology Forum of India (NNF) shall award Trainee Fellowships every year to the members of the NNF who have completed training in Neonatology in NNF accredited centers anywhere in India. The National Neonatology Forum of India (NNF) shall award Trainee Fellowship every year to eligible candidates.

ELIGIBILITY:

1. Candidates should have passed MD/ DNB (Pediatrics) or DCH. The qualifications must have **MCI recognition**.
2. Tenure: For DNB/MD 1 year & For DCH 1 ½ year
3. Age no bar.
4. The applicant should categorically indicate that the training received by him/her will be of use to the Institution / private practice.
5. The candidate should clearly state in which centre he/she wishes to enroll. The candidate is expected to give his/her preference for centers. The candidate will have to approach the Central NNF for registering along with a provisional letter of acceptance from the Head of Department under whom he/she will work. Candidate should attach photocopy of this degree/certificate required for eligibility in their application to central NNF secretariat. The application form should be countersigned and forwarded by the institution/guide.
6. The application will be invited through an announcement in NNF's publications / website or any other form like circular and the applicant will have to submit their NNF fellowship application form along with the **DD/Cheque of Rs. 15,000/- (fellowship candidate registration fee) in favor of "National Neonatology Forum"** within a stipulated time to the NNF Secretary, 803, 8th Floor, A-9 Northex Tower, Pitampura, New Delhi - 110034 (India)
7. The allotment of the centers would be intimated by the central NNF. Selection would be based on the recommendations of the Head of the department of individual centers with a concurrent approval of the NNF selection committee, which consists of president, secretary, president elect, past secretary and coordinators of states.
8. If candidates are unable to obtain the centers of their choice, they are at liberty to opt for other centers, where the seats are vacant.
9. It must be noted that the selected candidates would be subjected to the rules and regulations of the individual training centers regarding accommodation, library fees, messing etc.
10. It is preferable for the candidate to possess independent medical indemnity insurance, before joining for the course.
11. Admission process - interview at local center, admission through central registration
12. Bond for completion – If bond is refused failing which candidate will have to pay Rs.



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1. Personal Information

Surname _____ Middle Name _____ First Name _____

Gender Male Female

Date of Birth Date _____ Month _____ Year _____

Marital Status Single Married

2. Contact Details

Address _____

Pin code _____

Telephone Home _____ Office _____ Mobile _____

Email Address _____

NNF Membership No _____ MCI No _____ D/M/Y Joining of Fellowship _____
(Attach Copy) (Attach Copy)

3. Contact Details of Institution

Name of training hospital _____

Address _____

Pin code _____

Telephone Home _____ Office _____ Mobile _____

Email address _____

Name of Observer _____

4. Qualifications (Provide Proof)

Medical / Pediatric Qualification	Name of the University	Qualifying Date

5. Prizes or distinctions obtained during Undergraduate/Postgraduate Examinations:

6. Appointments held till date:

S.No	Designation	Period	Teaching / Non-Teaching

Details of Payment:

Cash/Local Cheque/D.D. No. _____ For Rs. _____ Date _____

Drawn on _____ Branch _____

7. Neonatal training after PG if any from India or Abroad:

8. Any other skill training in related fields:

9. Number of publications (attach list):

10. Research presentations made in various scientific meetings (name of conference, title of paper, year – attach list):

11. Enclose a letter of acceptance by the training institution

12. Give justifications for the training sought

Certified that the above particulars are correct

(Signature of Applicant)

Place:

Date: