

# Application To Take The IAP Neonatology Fellowship Examination

Date: \_\_\_\_\_

To,

The Chairperson \_\_\_\_\_

The below mentioned fellowship candidates training at our Institute, would like to take the IAP Neonatology Chapter

Fellowship Exam Scheduled on \_\_\_\_\_ at \_\_\_\_\_

The details of the candidates and their exam fee payment are given below –

1) Candidate's name \_\_\_\_\_ Cell No. \_\_\_\_\_

Email ID \_\_\_\_\_ Qualification: \_\_\_\_\_

IAP Membership No: \_\_\_\_\_ Neonatology Chapter Membership no. \_\_\_\_\_

Date of Appointment \_\_\_\_\_  
(Please attach a copy of the appointment letter from Institute)

Completed 85% of the prescribed period of training: Yes / No  
Performance / Conduct / Internal assessment – Satisfactory / Unsatisfactory  
Clinical study completed – Yes / No

Exam fee amount – Rs.10000/- ( Ten Thousand Only) Transaction No: \_\_\_\_\_

Bank: \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

2) Candidate's name \_\_\_\_\_ Cell No. \_\_\_\_\_

Email ID \_\_\_\_\_ Qualification: \_\_\_\_\_

IAP Membership No: \_\_\_\_\_ Neonatology Chapter Membership no. \_\_\_\_\_

Date of Appointment \_\_\_\_\_  
(Please attach a copy of the appointment letter from Institute)

Completed 85% of the prescribed period of training: Yes / No  
Performance / Conduct / Internal assessment – Satisfactory / Unsatisfactory  
Clinical study completed – Yes / No

Exam fee amount – Rs 10000/- ( Ten Thousand Only) Transaction No: \_\_\_\_\_

Bank: \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Coordinator Name \_\_\_\_\_

**Signature of Institute Head**

**Signature of Fellowship Coordinator**