



INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI - 221 005

One year **POST DOCTORAL CERTIFICATE COURSES** (linked with Senior Residency) for the session July 2012 in the following super speciality of Anaesthesiology.

- Intensive Care
- Pain & Palliative Care
- Neuro Surgical Anaesthesia
- Cardiothoracic Surgical Anaesthesia
- Paediatric & Neonatal Surgical Anaesthesia

In the pay scale of **Rs.25350 + NPA + other allowances as per university rules**. The application must be sent by Registered/Speed post to the Head, Department of Anaesthesiology, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221 005 on or before **9th June 2012**. Appearing batch can apply and may come with marksheet and certificate at the time of Written examination cum counseling which will be held on 25th of June 2012.

IMPORTANT DATES

Last date for submission of Application Form	:	9 th June 2012
Date of Written Examination and Counseling	:	25 th June 2012
Date of commencement of course	:	1 st July 2012

PROFESSOR & HEAD

Address	
(a) Permanent Address	(b) Local Contact Address
Contact Tel. No. with STD Code	Contact Tel No. with STD code
Mobile No. :	Mobile No. :
E.mail	E.mail

Details of Experience/Employment/Specialized Training/Senior/Junior Residency/
Demonstratorship/Fellowship after Graduation/Post Graduation

Name of the Hospital/Institution	Position Held	Period		Nature of duties
		From	To	

To be filled in only by Sponsored Candidate

(i) This Institute/Organization has No Objection in appearing of Dr./Mr./Ms. _____ for the above mentioned Entrance Examination. In case selected candidate will be sponsored by the Institute/Organization (Enclosed a certificate of sponsorship from the Institute/Organization)

Signature & Seal of forwarding authority

(ii) Source of funding _____ Duration _____ Amount _____

To be completed and signed by the Candidate

DECLARATION

I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/registration/admission may be cancelled/terminated. I have not concealed any information. I realize that if any information furnished herein & found to be incorrect or untrue. I shall be liable to civil/criminal prosecution and also forgo my claim to the admission/appointment in the Institute.

**I have informed my employee/HOD in writing that I am applying for this examination. I undertake that in the event of any communication from my Institute/Office/Department withholding permission to my appearing in the above Entrance Examination/admission to the course, my candidature/registration/admission may be cancelled/terminated.

Date _____ Signature & Seal of attesting authority _____ Signature of the Candidate _____

Place _____

** To be deleted if the candidate is not employed