



Sri Shankara Cancer Hospital & Research Centre

(A unit of Sri Shankara Cancer Foundation)

Shankara Math Premises, 1st cross, Shankarapuram, Basavanagudi,
Bengaluru – 560 004. Phone: 08 – 2698 1000

APPLICATION FOR THE ACADEMIC YEAR 2026 POST GRADUATE FELLOWSHIP PROGRAMME

Name of the Fellowship course:

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1	Name of the Candidate		Photo
2	Date of Birth (DD/MM/YYYY) & Age		
3	Gender		
4	Aadhar Number		
5	Name of the father/ Guardian/ husband		
6	Nationality		
7	Present Residential Address		
8	Permanent Residential Address		
9	Marital Status		
10	Contact Particulars	Mobile Number	
		Alternate Number	
		Email ID	
11	Application Fee Payment Details	Amount (Rs.)	
		Payment Mode	
		Payment Date	
		Payment Transaction No.	

12	Professional Qualifications (In chronological Order MBBS onwards) [Attach self-attested copy]					
	Course Name	Area of specialization	Year of passing	Name of the Medical College / Hospital/Institute	Name of the University	% of marks

(Use the Tab key to Add Rows)

13	Experience					
	Period of Employment Present/Past			Designation Held	Department	Hospital / Institute Name with State
	Present/Past	From (Month-Year)	To (Month-year)			

(Use the Tab key to Add Rows)

14	Research Activities	
	Research Publication	Nature of Research Activities

(Use the Tab key to Add Rows)

15	Presentation (Paper / Poster):		
	Title of the Presentation	Name of the Conference / Year	Paper / Poster

(Use the Tab key to Add Rows)

15. Any other matter related to academic excellence: -

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16. Current position / appointment / Name of the institution:
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17. If you are employed/ studying some other course, a letter of 'No-objection' from the employer/institution must be produced/ attached along with the application.

Declaration

I hereby declare that the particulars given in this application form are correct. In the event, any information furnished by me is found to be false or incorrect before or after the test / interview, the authority conducting the test/ interview can cancel my candidature, selection or admission as the case may be.

Signature of the candidate

Name:

Place:

Date:

ADDRESS OF CORRESPONDENCE:-

Division of Academics and Training
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