

PT. B. D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

No. UHSR/Acad./A-II/2022/1677

Dated: 02.02.2022

Public Notice

Applications are invited for admission to NNF Fellowship in Neonatology (02 Seats) in Neonatology Department, Pt. B.D. Sharma PGIMS, Rohtak on the basis of merit of NEET Super Speciality-2021 for academic session 2022. Application form can be downloaded from the University Website www.uhsr.ac.in. Applications form along with relevant documents and Demand Draft/Debit Card/Credit card of Rs. 2000/- for General Category (Rs. 500/- for SC/SC-D/BCA/BCB category candidates of Haryana) in favor of Controller of Finance, Pt. B.D. Sharma UHS, Rohtak must reach in the office of Dean Academic Affairs, Pt. B.D. Sharma UHS, Rohtak on or before 28.02.2022 upto 05:00 PM. The University will not be responsible for any delay due to any reason whatsoever. No application will be entertained after due date and time. The details of NNF Fellowship in Neonatology (02 Seats) is as under:-

Name of the Post	Seats	Qualification	Tenure	Emoluments per month
NNF Fellowship in Neonatology	02	MD/DNB (Paediatrics), DCH in Paediatrics as resident Doctor	-DNB/MD- One year -DCH-One & half year	At par with Senior Resident


DEAN ACADEMIC AFFAIRS

 

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK .

APPLICATION FORM

NNF FELLOWSHIP IN NEONATOLOGY FOR THE SESSION 2022.

Clear passport size
recent self attested
photograph

(Incomplete application will not be entertained)

1. Name of the candidate:(in Block Letters)_____
2. Father's Name : _____
3. Sex (Male/Female): - _____
4. Date of Birth : Date __ Month __ Year __
5. Haryana Resident: Yes/No _____
6. Category: General/(SC/SC-D/BCA/BCB/EWS of Haryana State)
7. NEET Super Speciality-2021 Details: a) Roll No. _____ b). Marks Obtained _____
8. Mailing Address: _____

_____ Pin _____
9. Permanent Address : _____

_____ Pin _____
10. Contact No. : _____ Alternate Contact No. _____
11. E-mail: _____
12. Educational Qualifications (please provide the attested copy of mark sheets):

Examination	Subjects	Name of Institute	Year	% Marks
MBBS				
MD/DNB/DCH				
Any Other				

DATE AND PLACE

SIGNATURE OF CANDIDATE