

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

No. UHSR/Acad./A-II/2021/ 2920

Dated: 17.03.21

**Notification**

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-2020 for academic session 2021. Notification and application form can be downloaded from the University Website [www.uhsr.ac.in](http://www.uhsr.ac.in). Application 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/EWS category candidates of Haryana) in favor of **Controller of Finance, Pt. B.D. Sharma University of Health Sciences, Rohtak** must reach in the office of the **Dean Academic Affairs, Pt. B.D. Sharma UHS, Rohtak** on or before 24.03.2021 up to 5:00 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	No. of Post	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 2021-22.

(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-2020 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