

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

(Govt. of Karnataka Autonomous Institute)

Dr. M.H. Marigowda Road, Bangalore-560 029

Regional Centre for Cancer Research & Treatment

(Govt. of Karnataka Autonomous Institute)

No. KMIO/AC/Fellowship/ 963 /2021

Date: ¹⁶~~07~~-08-2021

ADMISSION NOTIFICATION

Applications are invited from eligible candidates in prescribed format for the following **Fellowship Programmes for academic year 2021-22** at Kidwai Memorial Institute of Oncology, Bangalore, affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka.

Sl. No.	Course	Eligibility	Duration	No. of Seats
1	Paediatric Medical Oncology	MD-General Medicine, MD/DNB-Paediatrics/ DCH with 2 years of Experience	12 Months	2
2	Palliative Care	All Super speciality/ Board Speciality of clinical subjects / MBBS with Internship Completed by 31 st August 2021	12 Months	4
3	Onco - Imaging	MD/DNB-Radiology/ DMRD with 2 years of Experience	12 Months	4
4	Oral Onco - Surgery	MS/DNB(General Surgery) /MDS(Oral & Maxilo Facial Surgery), MS/DNB(ENT)	18 Months	4
5	Tumor Pathology	MD/DNB-Pathology	18 Months	4
6	Head & Neck Cancer Surgery	MS/DNB(General Surgery) , MS/DNB(ENT)	18 Months	2

Written test and interview dates are as follows.

Sl No.	Name of the Course- Fellowship	Date of written test & Interview
1	Paediatric Medical Oncology, Palliative Care, Oral Onco Surgery	02/09/2021
2	Tumor Pathology, Onco Imaging, Head & Neck Cancer Surgery	03/09/2021

Preference will be given to sponsored candidates from the institutes affiliated to RGUHS.

Instruction:

1. Application form can be downloaded from official website: kmio.karnataka.gov.in
2. Applicant should pay Rs. 4000/- (non-refundable) per application per course programme by NEFT/RTGS to CANARA BANK, saving account No. 8409101104566 , Kidwai Memorial Institute of Oncology Branch, Bengaluru. IFSC code: CNRB0008409.
3. The Scanned (PDF Format) filled in application and relevant attested photocopy along with UTR/Transaction No. for payment of application fee should be sent by email to kmio_fellowship2021@yahoo.com with subject mentioned as "Application for Fellowship Programme 2021" before 5 pm 25/08/2021.
4. Stipend will be paid for non sponsored candidates Rs. 60,000/- per month .
5. Course fee 1,00,000/- per year
6. Written test will be conducted , at institute auditorium, at 9.00 A.M.
7. Based on the marks secured in written test, candidates will be called for interview on same day in the ratio of 1: 4 for each seat at Director's chamber.
8. Candidates should bring relevant original documents for verifications before appearing for written test.
9. Selected candidate has to join the institute by 07/09/2021 before 5.00 PM.
10. Decision of the selection committee in the matter of selection is final.
11. Candidates are instructed not to over crowd the venue at the entry & exit area.
12. Due to prevailing COVID 19 pandemic, guide lines led by Govt. of Karnataka and Local administration should be followed strictly. RTPCR negative test report not lesser then 72 hours to be submitted at the time of written test.

For further details contact:

Academic Cell: Ph. 080-66697999 Extn: 7301

Email: kmio_fellowship2021@yahoo.com



DIRECTOR

Kidwai Memorial Institute of Oncology.



KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

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**APPLICATION FOR FELLOWSHIP PROGRAMME FOR THE ACADEMIC
YEAR 2021 - 22**

Course Applied for Fellowship Courses: (Please put a tick mark)

1. Paediatric Medical Oncology
2. Palliative Care
3. Onco - Imaging
4. Oral Onco Surgery
5. Tumor Pathology
6. Head & Neck Cancer Surgery

Affix Recent
Passport size
Photo &
Signature

1. Name of the Candidate
(In Capital letters) : _____
2. Name of the Father / Spouse : _____
3. Name of the Mother : _____
4. Date of Birth : _____
5. Place of Birth : _____
6. Sex : _____
7. Blood Group : _____
8. Religion & Caste : _____

9. Present Address : _____

10. Permanent Address : _____

11. NEFT Transaction ID & Date : _____

12. E-Mail ID : _____

Telephone Numbers Residence No. : _____

Mobile No. : _____

13. State of Domicile : _____

14. Medical Council Registration No. : _____

15. Education Qualifications:

Sl. No.	Graduation	DEGREE	UNIVERSITY	YEAR OF PASSING
1	Under Graduation			
2	Post Graduation			
3	Super Speciality			
4	Any Other additional Qualification (Awards, Medals etc.)			

16. Paper presentation in Conference / Workshops / Symposiums

National :

International:

17. Any Scientific Publication in Indexed Journals

National :

International :

18. WORK EXPERIENCE:

Sl. No.	Work Experience including present Employment		
	PLACE	DESIGNATION	DURATION
1			
2			
3			
4			

19. Certificates to be enclosed:

The candidate has to submit attested Xerox copies of the following documents along with the filled application form:-

1. 10th Marks Card for proof of age
2. UG Marks card & Certificate
3. PG Degree Marks Card & Certificate
4. Registration Certificate (UG & PG)
5. Work experience certificate
6. Address proof.

7. Internship Certificate

I swear that the above facts are true & to the best of my knowledge & belief.

Signature of the Student

Place:

Date: