

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI
FELLOWSHIP IN MEDICAL SCIENCE COURSES

APPLICATION FORM FOR INSTITUTION

Name of Institution :

Address :

Telephone / Mobile :

Fax :

E Mail :

Name of Chairman/Dean :

Telephone / Mobile :

Fax :

E Mail :

Course applied for :

Course coordinator –Name, Qualification,
Years of experience :

Part time faculty - Name, Qualification,
Years of experience :

Facilities available :

Class room with library facilities :

Hospital bed strength :

Lab /industry facility :

Number of seats :

Any other courses run by the institution
from The TN Dr MGR Medical University :

Affiliation from any other university /
courses offered :

Affiliation fees :

Application fees :

Other fees :

Last date for application :