

# RGUHS FELLOWSHIP IN ALLERGY



## BAF ACADEMY



#169, 31<sup>st</sup> Cross, 11<sup>th</sup> Main, Jayanagar 4<sup>th</sup> Block, Bangalore-560011

[www.bafacademy.org/](http://www.bafacademy.org/) Email-bafacademy20@gmail.com /Contact no: 6360402341

### APPLICATION FOR FELLOWSHIP PROGRAMME IN

### Allergy and Allergen-Specific Immunotherapy

Passport size  
photograph

#### 1. General Information:

1.	Name of the Candidate	
2.	Father's/Husband's/Guardian Name	
3.	Date of Birth (DD/MM/YYYY)	
4.	Correspondence Address	
5.	Permanent Address	
6.	Mobile Number	+91
7.	Email ID	

## II. Qualifications

8.	Details of Examination Passed (Attested copies of certificates to be attached)	
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Examination	College / Institute	University	State	Month / Year	Marks secured in the qualifying exam & %	No. of Attempts
MBBS						
Post Graduate Degree						
Diploma						
Others						

Medical Council Reg. No. (State/Central):

9- Details of Teaching / Work Experience (Attested copies of certificates to be attached)

Sl. No.	Name & Address of Employer/Institution	Designation of post held	Period of service	
			From	To

10. Marks cards and Certificate to be enclosed along with application:

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1. Education Qualification

SSLC Marks Card (Date of Birth )	
12 <sup>th</sup> Standard Marks Card	
MBBS/BDS Marks Card	
MBBS/BDS Degree Certificate	
Internship Certificate (One Year)	
PG Marks Card	
PG Degree Certificate	
UG & PG Registration Certificate (MCI/State)	

2. Experience Certificates

3. Other Documents

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I certify that the above information is correct and true to the best of my knowledge and belief and nothing has been concealed/forged. If at any time I am found to have concealed /forged any material information, my admission shall be liable to termination without notice/compensation.

Place:

Date:

Signature of the Candidate

**For Office Use**

Received the application through post/courier/by Hand on..... (Date and Time)

Seal

Received by

Name:

Designation:

Signature

## APPLICATION FOR FELLOWSHIP PROGRAM IN ALLERGY AND ALLERGEN-SPECIFIC IMMUNOTHERAPY

### INSTRUCTIONS FOR FILLING THE FORM

- PLEASE USE BALL PEN TO WRITE IN THE BOXES USING ENGLISH CAPITAL LETTERS.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.
- PASTE THE PHOTOGRAPH WITHIN THE BOX GIVEN. DO NOT STAPLE THE PHOTOGRAPH.
- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- APPLICATION FEE IS NOT REFUNDABLE.
- YOU SHOULD SUBSCRIBE ON THE ENVELOPE AS "APPLICATION FOR FELLOWSHIP PROGRAM IN ALLERGY AND ALLERGEN-SPECIFIC IMMUNOTHERAPY"
- Duly filled and signed application along with application fee of INR 3000/- by online transfer to reach or to be emailed: [\*\*bafacademy20@gmail.com\*\*](mailto:bafacademy20@gmail.com)
- Application to be sent to

BAF Academy  
169, 31<sup>st</sup> Cross, 11<sup>th</sup> Main, Jayanagar 4<sup>th</sup> Block  
Bengaluru 560011

### BANK DETAIL

Bank name: Bank of Baroda

Account number: 07640100021033

IFSC code: BARB0JAYANA (0=Zero)

Branch: Jayanagar 3<sup>rd</sup> Block

### CONTACT DETAILS

- 080-26540012/ 9019856454/ 6360402341 (office hours 2 pm to 4 pm, Monday to Saturday)
- Contact Person: L Anita
- Email: [bafacademy20@gmail.com](mailto:bafacademy20@gmail.com)