

**Application for
NAMS Research Fellowships for Post Graduate Medical Students from North Eastern
states, Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K,
Ladhakh**

I. IDENTIFICATION DATA

1.1 Name:

1.2. Date of Birth.....

1.3. Qualifications :.....

1.4. Details of **post-graduation** degree being pursued by the applicant

SN	Post-graduation degree being pursued by the applicant	Year of registration	Specialty	University / Institution where registered for Post graduation
	(MD/ MS/DNB/ DM/ M.Ch/ MDS/			

1.5. Current designation

1.6. Name & contact address of the Head of institution (Indicate complete address with PIN code of city, state)

Mobile number:

Email ID:

1.7. Address for communication with PIN code of city, state

1.7.1 Mobile number

1.7.2 Email ID

II. INFORMATION ON RESEARCH THESIS PROTOCOL

2.1. Title of thesis

2.2. Name of specialty

2.3. Name of guide, designation, specialty & contact details Address for communication with
PIN code of city, state

2.3.1 Mobile number

2.3.2 Email ID

2.4. Brief write up (300 words) on the research work

2.5. Brief justification for the financial assistance sought from NAMS

(Signature of Candidate)

NOMINATION BY HOST OF THE INSTITUTION

The
(Name of Institution/ Nominating authority)

Nominates
(Name of the nominee)

(NAMS Research Fellowships are for Post Graduate Medical Students from North Eastern states, Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K, Ladhakh)

Signature of Head of Institution
(SEAL)

No.

Place

Date.....

UNDERTAKING BY THE CANDIDATE

The Secretary,
National Academy of Medical Sciences (India)
NAMS House, Ansari Nagar, Mahatma Gandhi Marg,
New Delhi-110029

Sir,

I _____ (Full name in BLOCK
letters) son/daughter of _____ certify that the
information provided as above is true and correct.

Signature of Applicant with date

Name:

Date:

Place:

Counter signed by

Thesis Guide

Name:

Designation & stamp:

Date:

Place:

Utilization Certificate

Certified _____ the _____ amount _____ of
Rs.....(Rs.....) released by the
National Academy of Medical Sciences (India) by the Applicant vide Academy's letter
No.....dated.....the.....
...for NAMS Research Fellowship for **Postgraduate Medical Students Fellowship** from
North Eastern States **Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu,**
J&K, Ladhakh aton the subject
.....has been utilized for the purpose for which is was
sanctioned.

Certified as correct

Signature of Head of the Institution

Details of The Bank Account (Submitted with Signature and Duly Stamped)
**(NAMS Research Fellowships for Post Graduate Medical Students From North Eastern States,
Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K, Ladhakh)**

Name & Designation of Head of the Institution in whose favour the research grant to be related
directly in the Account via NEFT

Name & Designation of Official/ Account Holder	
Account Number	
Bank Name, Branch Address and City	
IFS Code of the Bank	

Signature of Head of Institution.