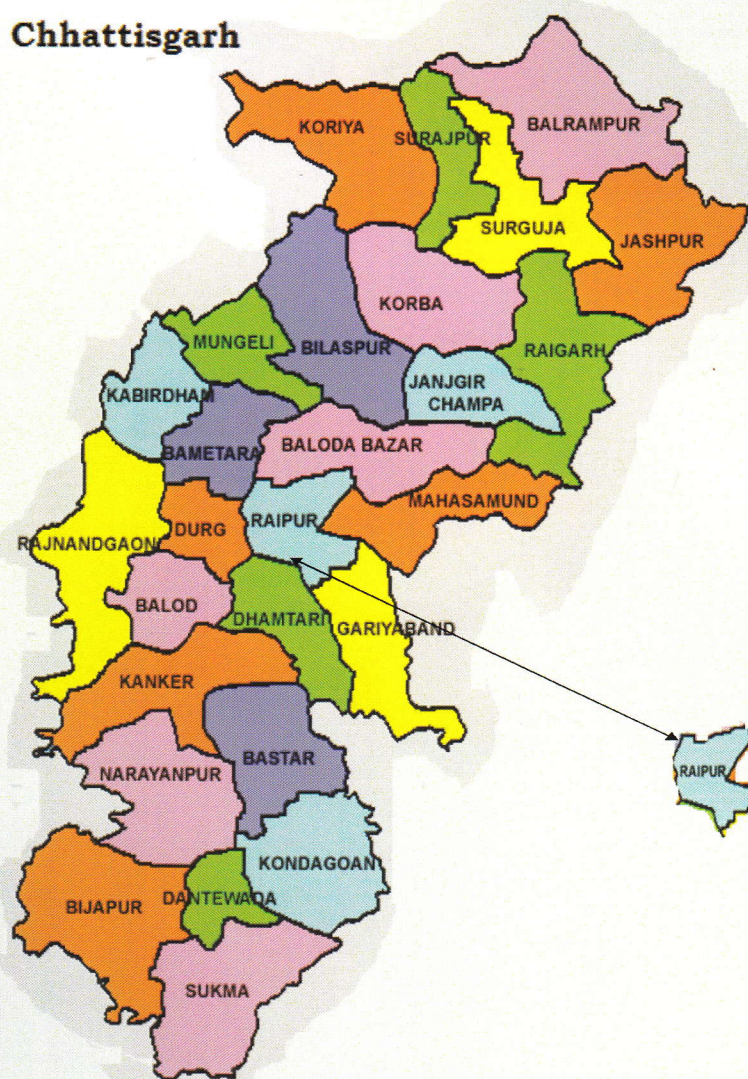




FELLOWSHIP PROGRAMME/ CERTIFICATE COURSES **(AYUSH HEALTH & SCIENCE UNIVERSITY)**



**DKS Post Graduate Institute & Research Center &
Pt. J.N.M. Medical College
Raipur (Chhattisgarh)**

Information at a Glance

Date of Prospectus availability	: 19th October 2016
Last date of form Submission	: 9th November 2016
Prospectus Fee	: 1000/- for each course
Address of Prospectus	: Room No 153, Nephrology unit Department of Medicine, Dr. B.R.A.M Hospital, Raipur (C.G)
Form Submission Fee	: 1000/- DD for Unreserved Candidates : 500/- DD for Reserve Candidates
Date of Interview	: 11th November 2016 Paediatric Surgery, Plastic Surgery, Neurosurgery, Medicine & Cardiology : 12th November 2016 Nephrology & Nephrology Nursing
Demand Draft Payable at	: Nephrology, Nodal Officer Department of Medicine, Pt. J.N.M. Medical College, Raipur (C.G)
Commencement of Course	: 15th November 2016

General Information

1. All particulars in the application form must be written carefully and legibly in capital letters. All claims made in the application must be supported with documentary proof.
2. No relaxation in the last date will be granted, the institute takes no responsibility for any delay in the receipt or loss of application/ intimation letter in transit.
3. Please attach two self addressed envelopes of 10x30 cm. and a post card affixed with Rs. 6.00 postage stamp along with application form. These will be used for mailing the communication to the candidates. Hence please ensure that the address on the envelopes/ post card is completed and legible with pin code, preferably type written.
4. All admission will be provisional till the verification/ equivalency of the certificates etc. received from the concerned board/ university.
5. No individual intimation is sent to unselected candidates and no correspondence on the subject is entertained.
6. Students who do not join the course in time are liable to refusal of admission. In case of delay in joining after admission due to any reason, a communication with full details must be sent to the Nodal Officer Nephrology, Department of Medicine Dr. B.R.A.M, and Raipur for his permission.
7. Selected candidates from waiting list will be intimated by post/ email/ telephone.
8. Submission of form: all completed application form should be sent in the envelopes provided along with application form and should reach before the closing date. A Demand Draft of Rs. 1000/- for unreserved and Rs. 500/- reserved in favor of Nephrology, Nodal officer Department of Medicine Pt. J.N.M. Medical College, Raipur must be submitted along with the application form. Candidates must write his/her complete name and address on, the back of Demand Draft.

MODIFICATION OF RULES/ PROCEDURE :

1. The selection committee DKS PGI Raipur reserves the right to amend any rule/ procedure for admission to the course after recommendation of the academic council of the course and any modification as made shall be binding on all candidates.
2. The decision of the selection committee DKS PGI Raipur of the institute in the matter of selection of candidates for the course shall be final.

IMPORTANT:

1. The student must follow the work culture and discipline of the institution.
2. No Hostel accommodation is available present.
3. Expenses of candidates for field training outside the Raipur city will be borne by candidates.

FELLOWSHIP PROGRAMME/ CERTIFICATE COURSE ACADEMIC **YEAR 2016– 2017**

Vide Ayush University Order No- F-91/5034/ Aka./ Ayush/ 2016 Dated 27/9/16
Vide CG Govt Order- F17-4/2016/9/55-4 Dated 11/4/16

1. SHORT TITLE AND COMMENCEMENT:-

These Superspecialty course shall be called as “**POST DOCTORAL FELLOWSHIP PROGRAMME & CERTIFICATE PROGRAMME**”

The regulations framed are subjected to modification from time to time by the Post Graduate Institute Superspecialty Academic Board. (DKS PGI & Research Center)

2. AIMS AND OBJECTIVES

This Fellowship / Certificate is designed as a comprehensive package where in the candidate's gets exposure to the various disciplines with particular emphasis on their clinical skills. The course is meant be intensive hands on clinical training programme with periodic evaluation by experienced teaching staff.

3. BRANCH OF STUDY:

The following topics in Medicine, Surgery for the branch of study in Fellowship Programme & Certificate Programme on broader terms:

FOR MBBS/MD/MS

Department	Name of Courses	Qualification	Duration	No. of Seats
Paediatric Surgery	a. Doctoral fellowship in minimal access in Pediatric Urology.	MS Surgery from recognized university.	1 Year Full Time	4
Plastic Surgery	a. Post Doctoral fellowship in Hand Surgery.	MS Surgery from recognized university.	1 Year Full Time	4
Neurosurgery	a. Post Doctoral fellowship in Trauma care.	MS Surgery from recognized university.	1 Year Full Time	4
	b. . Post Doctoral fellowship in Neuro anesthesia	MD/ Diploma in anesthesia from recognized university	1 Year Full Time	4

Department	Name of Courses	Qualification	Duration	No. of Seats
Nephrology	a. Post Doctoral fellowship in Paediatric Nephrology.	MD/DNB (Paediatrics or DCH.	1 Year Full Time	4
	b. Post Doctoral fellowship in Dialysis Medicine.	MD/DNB in Internal Medicine/ Paediatrics.	1 Year Full Time	4
	c. Certificate Course in Dialysis Science.	MBBS from MCI recognized medical college.	1 Year Full Time	6
	d. Certificate in Advanced Clinical Research.	Graduates in life science, Pharmacy, Biotechnology, MBBS, BHMS, BDS, BDP & Allied Health Science.	1 Year Full Time	6
	e. Graduate fellowship in Dialysis Medicine.	MBBS	2 Years full time	6
Medicine & Cardiology	a. Post Doctoral fellowship in 2D Echo Cardiography	Post MD/DNB Internal Medicine/ Paediatrics	2 Years full time	2

FOR NURSING

Department	Name of Courses	Qualification	Duration	No. of Seats
Nephrology	Post graduate certificate in dialysis Nursing	Bsc. Nursing from Recognized university	1 Year Full Time	6

Reservation as per C.G Rules and Regulation.

4. ELIGIBILITY FOR ADMISSION

- The Candidates who have passed Medical Post Graduate Clinical Courses and SuperSpeciality degree courses are only eligible to join in fellowship Programmes.
- Candidates who have studied in foreign countries (outside India) and passed Medical P.G. Diploma in Clinical Courses are eligible to join in Fellowship Programme and to produce the following Certificates.
 - Equivalent Certificate issued by the Medical Council of India, New Delhi.
 - Temporary Registration Certificate issued by the Medical Council of India, New Delhi.
- For Certificate course - MBBS with compulsory internship completion for MCI Recognized institute / Medical College.

5. SELECTION OF CANDIDATES:

The candidates for the Fellowship programme can be selected by the centers on their own following the method of transparency.

- A. Number of Marks Obtained in MBBS.
- B. Number of attempt in MD/MS.
- C. Number of Paper /abstract Published.
- D. Interview by Post Graduate Institute Superspecialty Academic Board.

6. CURRICULUM:

The Curriculum and the syllabus for the course shall be as prescribed in these regulations and are subject to modifications by the DKS Post Graduate Institute Superspecialty Academic Board from time to time. All the rules and regulation will be followed as per AYUSH HEALTH AND SCIENCE UNIVERSITY.

7. STIPEND

Stipend will be given to the student as per C.G. govt. rules & regulation.

8. LOG BOOK

Log Book should be maintained and should be submitted to the Post Graduate Institute Superspecialty Academic Board at the end of the Fellowship programme / Certificate Programme.

9.EXIT EXAMINATION: CLINICAL EXAMINATION / VIVA

As per Ayush Health & Science University and DKS PGI & Research Center regulations.

10.NAMES TO BE SUFFIXED WITH THE FELLOWSHIP:

The Successful candidates can suffixed their names with the "Post Doctoral

Fellowship in _____ Specialty & Certificate course in

_____ Specialty .

11. Fee Structure:-

(A) Post Doctoral Fellowship (in any discipline)

Tuition fee	—	40,000/-
Library fee	—	5,000/-
Guest lecture/seminar fee/CME	—	15,000 /-
Laboratory fee/Dialysis Lab/ID Card fee	—	10,000/-
Caution money	—	5,000/-

(B) Certificate Course (in any discipline)

Tuition fee	—	20,000/-
Library fee	—	2,000/-
Guest lecture/seminar fee/CME	—	10,000/-
Caution money	—	5,000/-
Laboratory fee/Dialysis Lab/ID Card fee	—	5,000/-

(C) Graduate Fellowship (Total Fee for 2 years)

Tuition fee	—	20,000/-
Library fee	—	2,000/-
Guest lecture/seminar fee/CME	—	10,000/-
Caution money	—	5,000/-
Laboratory fee/Dialysis Lab/ID Card fee	—	5,000/-

(D) Post Graduate in Dialysis Nursing

Tuition fee	—	10,000/-
Library fee	—	2,000/-
Guest lecture/seminar fee/CME	—	5,000/-
Caution money	—	5,000/-
Laboratory fee/Dialysis Lab/ID Card fee	—	5,000/-

University Fee as Per actual

(अ) : छत्तीसगढ़ की अन्य पिछड़ी जाति (क्रीमीलेयर को छोड़कर)
श्रेणी के उम्मीदवारों द्वारा प्रस्तुत किया जाने वाला प्रमाण पत्र
कार्यालय, अनुविभागीय अधिकारी (प्रमाणीकरण)

अनुभाग..... जिला.....
छत्तीसगढ़

पुस्तक क्रमांक :.....

प्रमाण पत्र क्रमांक:.....

प्रकरण क्रमांक.....

1. यह प्रमाणित किया जाता है कि, श्री/श्रीमती/कुमारी.....
पिता/पति का नाम निवासी ग्राम नगर.....
जिला..... संभाग.....
छत्तीसगढ़ के निवासी हैं, जो जाति के हैं, जिसे पिछला वर्ग
के रूप में छत्तीसगढ़ (म.प्र.) आदिमजाति, अनुसूचित जाति एवं पिछड़ा वर्ग कल्याण विभाग की
अधिसूचना क्र. एफ. 8-5/पच्चीस/4/84, दिनांक 26 दिसंबर 1984 द्वारा अधिमान्य किया गया
है।
श्री/श्रीमती/कुमारी
और /उनका परिवार समान्यतः छत्तीसगढ़ के जिला संभाग.....
में निवास करता है, व छत्तीसगढ़ राज्य में दिनांक को प्रवजन कर चुका/चुकी है।
2. यह भी प्रमाणित किया जाता है कि, क्रीमीलेयर (संपन्न वर्ग) व्यक्तियों /वर्णा की श्रेणी में नहीं आते
हैं। जिनका उल्लेख भारत सरकार, कर्मियों एवं प्रशिक्षण के परिपत्र क्र. 360/2122/93/स्था.
(एस.सी.टी.) ए दिनांक 08.09.1993 द्वारा जारी सूची में कॉलम -3 में तथा छत्तीसगढ़ (म.प्र.) शासन,
सामान्य प्रशासन विभाग के ज्ञापन क्रमांक एफ. 7- 26/3/1 आ. प्र. दिनांक 8 मार्च, 1994 के साथ
संलग्न परिशिष्ट ई की अनुसूची के कॉलम 3 में किया गया है।
3. प्रमाणित किया जाता है कि, आवेदक श्री/श्रीमती/कुमारी.....
के परिवार की कुल वार्षिक आय रु. है।

दिनांक.....

सील.....

हस्ताक्षर
प्रमाणिकरण अधिकारी का नाम
पदनाम

प्रमाण पत्रों का प्रारूप
(अ) : अनुसूचित जाति, अनुसूचित जनजाति प्रमाण पत्र
कार्यालय, अनुविभागीय अधिकारी (प्रमाणीकरण)

अनुभाग.....जिला.....छत्तीसगढ़

पुस्तक क्रमांक :

प्रमाण पत्र क्रमांक :

प्रकरण क्रमांक.....

1. यह प्रमाणित किया जाता है कि, श्री/श्रीमती/कुमारी.....
पिता/पति का नामनिवासी ग्राम नगर.....
पटवारी हल्का नम्बरवि.खं. तहसील.
.....जिला.....संभाग.....
जाति/जनजाति का/की सदस्य है, और इस जाति/जनजाति को संविधान के अनुच्छेद 341 के
आधिन छत्तीसगढ़ (म.प्र.) राज्य के संबंध में अनुसूचित जाति, अनुसूचित जनजाति के रूप में
विनिर्दिष्ट किया गया है और यह.....
जाति/जनजाति/अनुसूचित जाति एवं जनजाति (संशोधन) अधिनियम 1976 के अंतर्गत छत्तीसगढ़
(म.प्र.) की सूची में अनुक्रमांक.....पर अंकित है.
श्री/श्रीमती/कुमारी.....
पिता/पति का नाम.....अनुसूचित जाति एवं जनजाति का/की है।
2. प्रमाणित किया जाता है कि, आवेदक श्री/श्रीमती/कुमारी.....के
परिवार की कुल वार्षिक आय रु. है।

दिनांक.....

सील.....

टिप्पणी:

हस्ताक्षर

प्रमाणिकरण अधिकारी का नाम

पदनाम

1. अनुसूचित जाति का अर्थ है संविधान के अनुच्छेद 341 के अंतर्गत विनिर्दिष्ट छत्तीसगढ़ (म.प्र.) राज्य से संबंधित अनुसूचित जाति एवं जनजाति का अर्थ है, संविधान के अनुच्छेद 342 के अंतर्गत विनिर्दिष्ट छत्तीसगढ़ (म.प्र.) राज्य से संबंधित जनजाति।
2. केवल निम्नलिखित अधिकारियों द्वारा जारी किये गये प्रमाण पत्र मान्य होंगे। (अ) कलेक्टर, अतिरिक्त कलेक्टर, डिप्टी कलेक्टर, एस.डी.ओ. (अनुविभागीय अधिकारी), उपसंभागीय मजिस्ट्रेट (ब) तहसीलदार (द) परियोजना प्रशासक/अधिकारी/वृहत माध्यम एकीकृत आदिवासी परियोजना/यह प्रमाण पत्र उपरोक्त में से किसी भी एक अधिकारी द्वारा नीयत जांच एवं आत्मसंतुष्टि के पश्चात् ही जारी किया जाये, न कि उम्मीदवार के अभिभावक द्वारा दिए गए शपथपत्र के आधार पर और न ही स्थानीय निकायों के सदस्यों द्वारा जारी किये गये प्रमाण पत्र के आधार पर।

वास्तविक निवासी प्रमाण - पत्र

क्रमांक.....

दिनांक.....

यह प्रमाणित किया जाता है कि श्री / श्रीमती / कुमारी.....
आत्मज / आत्मजा / पत्नी / श्री.....तहसील.....
जिला.....छत्तीसगढ़ के मूल निवासी है क्योंकि वह :

1. छत्तीसगढ़ में पैदा हुआ है / हुई है
क. वह अथवा
ख. उसके पालकों में से कोई
ग. उसके पालकों में से यदि कोई जीवित न हो, तो उसका वैध अभिभावक (गार्जियन) छत्तीसगढ़ में अथवा
2. उसके पालकों में से कोई भी :
क. राज्य शासन का कर्मचारी हो, जो छत्तीसगढ़ राज्य में सेवारत हो
ख. केन्द्रीय शासन का कर्मचारी हो, जो छत्तीसगढ़ राज्य में सेवारत हो
3. वह स्वयं अथवा
क. उसके पालक राज्य में पिछले पाँच वर्षों से कोई अचल सम्पत्ति, उद्योग अथवा व्यवसाय करते हैं परन्तु उपरोक्त के अतिरिक्त निम्नलिखित में से किसी एक कंडिका में उल्लेखित शर्त की पूर्ति भी करता हो :
4. उसने अपनी शिक्षा छत्तीसगढ़ राज्य अथवा अविभाजित मध्यप्रदेश के छत्तीसगढ़ राज्य में शामिल जिलों में स्थित किसी भी शिक्षण संस्थान में कम से कम 3 वर्ष तक प्राप्त की हो अथवा उसने छत्तीसगढ़ राज्य में स्थित किसी भी शिक्षण संस्था में निम्नलिखित परीक्षाएं उत्तीर्ण की हो अर्थात्
क. यदि किसी संस्था में प्रवेश के लिए या शासन के अधीन सेवा के लिए न्यूनतम शैक्षणिक योग्यता मान्यता प्राप्त विश्वविद्यालय की स्नातक उपाधि निर्धारित हो, तो उच्चतर माध्यमिक परीक्षा 8 वीं कक्षा की परीक्षा।
ख. यदि किसी संस्था में प्रवेश के लिए या शासन के अधीन सेवा के लिए न्यूनतम शैक्षणिक योग्यता किसी भी विश्वविद्यालय या बोर्ड की ईटरमीडीएट, हायर सेकेंड्री या कोई और समकक्ष परीक्षा निर्धारित की गई हो तो आठवी कक्षा की परीक्षा।
ग. अन्य मामलों में पाँचवी कक्षा की परीक्षा
5. क. छत्तीसगढ़ राज्य को आबंटित अखिल भारतीय सेवाओं के अधिकारियों की संतान एवं पत्नी।
ख. छत्तीसगढ़ शासन के अधिकारियों कर्मचारियों की संतान एवं पत्नी
ग. शासन द्वारा वर्तमान में निर्धारित छत्तीसगढ़ के स्थानीय निवासी की परिभाषा के अंतर्गत आने वाली व्यक्तियों की पत्नी।
घ. छत्तीसगढ़ में संवैधानिक या अन्य विधि पदों पर नियुक्त व्यक्तियों की संतान तथा उसकी पत्नी प्रदेश के स्थानीय निवासी माने जायेंगे।

005

**DKS POST GRADUATE INSTITUTE & RESEARCH CENTER
RAIPUR (C.G.)**

**Application form for Post graduate Fellowship cours
(Under the aegis of the Ayush University of Health Sciences)**

For Office use only

Name of the HOD/PG teacher under
Whom student admitted provisionally

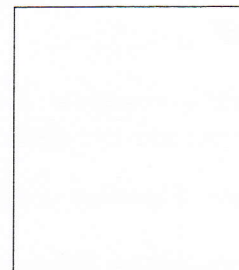
For fellowship in _____

Term (One Year) :.....to.....

Date.....

**The Medical Superintendent
DKS Post Graduate Institute & Research Center
Raipur (C.G.) 492001**

Sir,



I. wish to apply for Fellowship/ Certificate (Strike out whatever in not applicable) course in

.....
(Please see the attached table and write name of the fellowship course) If selected, I will pay the
prescribed fees as per the following instructions.

Applicant's Particulars

1. Name in full (beginning with surname) : _____
2. Present address : _____
3. Contact details Phone : _____
Email (mandatory–Please write legibly) : _____
4. Permanent address : _____
5. Do you belong to backward class,
If yes, give details (Viz SC, ST, VJNT
or OBC with sub-caste) : _____
6. Name of the medical college from which you have completed PG degree /diploma and if the
college is recognized by the Medical Council of India

7. Date and number of provisional registration with the Chhattisgarh Medical Council /
concerned state medical council (with name and address of the council)

8. Date and number of permanent /full registration with the Chhattisgarh Medical Council/
concerned state medical council with name : _____
9. Date of starting and completing the PG diploma /degree : _____
10. Examination passed : _____

Exam	Month & Year of Exam	Actual Marks Obtained	Out of Marks	Dist./ 1 st Rank in University	No. of Delay in Term / s @
MBBS					
P.G. Degree/ Diploma*					
P.G. Degree/ Diploma*					
P.G. Degree/ Diploma*					
Other					

@ If not passed in minimum prescribed terms.

* Mention all PG Degree/ Diplomas.

DECLARATION:-

I hereby agree, that I will follow the rules and regulations at present in force or that may hereafter be made for the administration of the college and its associated hospitals and under take that so long as I am a fellow/ certificate course students of the college, I will do nothing unworthy of the students of the college either inside or outside or anything that will interfere with its orderly working and discipline. I also declare that the information/ particulars furnished above by me is true to the best of my knowledge and I have not concealed any material information. In case it is found that the information furnished are incorrect/ false my admission may be cancelled.

Date _____

Signature of Applicant _____

CERTIFICATES TO BE ATTACHED:

(Please attach attested true copies where applicable and originals where applicable)

1. Recommendation from PG teacher (Original)
2. M.B.B.S Mark sheets and Passing Certificate.
3. MD/MS/DNB/ Diploma Mark sheet and Passing certificate.
4. Copy of High School/ Higher Secondary Certificate Exam as proof of date of birth
5. Copy of Permanent registration certificate issued by the Chhattisgarh Medical Council (internship completion certificate & provisional registration certificate with State Medical Council must be submitted, if required, in case the said Certificate is not available).
6. If admitted, students are required to give their Raipur address in the college office and notify any subsequent change of address. They are also required to submit 3 photos at the time of admission in addition to the one that is stuck on the form.
7. In case of Other Category Candidates
 - a. Caste Certificate from Presidency magistrate and caste validity certificate from competent authorities.

***Information given wrongly or proved otherwise will disqualify the candidate.**

*** All admission will be Provisional till University Clearance**