



# B L D E (DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE

Smt. Bangaramma Sajjan Campus, B. M. Patil Raod (Sholapur Road), Vijayapura-586103. Karnataka, India.  
Phone:08352-262770 (Ext-2329,2330), Fax: 08352-263303, website: [www.bldeuniversity.ac.in](http://www.bldeuniversity.ac.in), e-mail: [office@bldeuniversity.ac.in](mailto:office@bldeuniversity.ac.in)

## Application Form for Fellowship Programme in Academic Year \_\_\_\_\_

Recent  
Photograph  
taken within 6  
months

1. Name in Full (Block Letters): \_\_\_\_\_  
(As per 10<sup>th</sup> Marks card)
2. Contact No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_
3. Father's Name / Husband's /Name (In Block Letters): \_\_\_\_\_
4. Mother's Name (In Block Letters): \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
6. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_
7. Whether belonging to SC/ST/OBC/Others: \_\_\_\_\_  
(Certified copy of caste certificate should be enclosed)
8. Gender (Tick):      Male (  )      Female (  )
9. Marital Status( Tick):      Married(  )      Unmarried(  )
10. Permanent Address :

Correspondence Address:

11. Academic Qualification: (Starting from SSLC Onwards)

Sl. No.	Examination Passed	Name of Board/ Institution / University	Passing Year	Marks Obtained	% of Marks

12. Declaration by the Candidate:

I declare that the information given above is true and complete to the best of my knowledge & belief. I am aware that if any of it is found to be incorrect my admission shall stand cancelled and I shall be liable to such disciplinary action as may be decided by the Institution. The decision of the Institution shall be final.

Place: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of the student: \_\_\_\_\_

13. No objection certificate from the Head of the Department

Consent is hereby given to..... to carry out Fellowship Programme of..... It is a recognized department for Fellowship Programme in BLDE (Deemed to be University). The Department agrees to offer all necessary facilities for carrying out the programme for the above mentioned candidate. There is no objection for the above mentioned candidate to do the same.

Place: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Seal & Signature: \_\_\_\_\_

**Enclosure check list (Tick, whichever is applicable)**

1. Date of Birth Certificate.
2. Two Passport Size Photographs.
3. Attested Certificate and Mark sheet of SSLC, PUC, Graduation and Post Graduation etc.
4. No Objection Certificate (NOC)
5. Migration and Transfer Certificates (If Applicable)
6. Caste Certificate (If Applicable)

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**FOR OFFICE USE ONLY**

The Applicant is registered to the \_\_\_\_\_ course during the Academic Year /Calendar Year \_\_\_\_\_. He/she has paid Registration/Tuition /College/Other Fees Rs\_\_\_\_\_

D.D. Number / By Cash	Date	Amount	Bank & Branch

Assistant

OS

Principal