

**BRIHANMUMBAI MAHANAGARPALIKA**  
COMPREHENSIVE THALASSEMIA CARE,  
PEDIATRIC HEMATOLOGY-ONCOLOGY & BMT CENTRE  
**Borivali (E), Mumbai-400066**

No. LTH/1589/ CTC  
Date: 5 / 10 / 2023

**IAP FELLOWSHIP Admission for Academic Year 2023-2025**

**Name & address of the Concerned Institute:**

MCGM - Comprehensive Thalassemia Care, Pediatric Hematology-Oncology & Bone Marrow Transplant Centre, Borivali (E)

**Address:** CCI Compound, opposite Kanakia Exotica, Borivali (E), Mumbai - 400066

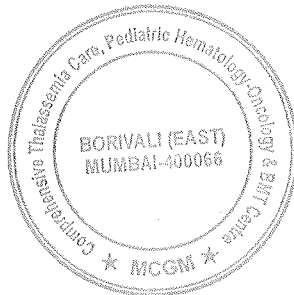
Applications are invited from eligible candidates for admission in Fellowship course (2 years) under the aegis of Indian Academy of Pediatrics for academic year 2023-25 in prescribed format along with essential documents.

| Sr. No. | Name of course                                       | Duration                    | Available Seats | Eligibility   |
|---------|--|-----------------------------|-----------------|---|
| 1       | Fellowship course in Pediatric Hematology - Oncology | 2 years<br>(AY 2023 - 2025) | 4               | MD/DNB Pediatrics<br>OR<br>DCH with one year of residency post DCH. |

The prescribed form can be downloaded from the Institute website ([www.ctcphobmt.com](http://www.ctcphobmt.com)), interview date will be intimated later. Venue - **Director (Academic & Research) office, MCGM - Comprehensive Thalassemia Care, Pediatric Hematology-Oncology & Bone Marrow Transplant Centre, CCI Compound, opposite Kanakia Exotica, Borivali (E), Mumbai-66.**

For further details, visit [www.ltmgh.com](http://www.ltmgh.com), [www.ctcphobmt.com](http://www.ctcphobmt.com)  
Contact No-022-28541017/022-28541018 (Ext. 2024/2080)  
Email - [academicassistantctc@gmail.com](mailto:academicassistantctc@gmail.com) & [borivlibmt@gmail.com](mailto:borivlibmt@gmail.com)

*Santosh Khude*  
05/10/2023  
Dr. Santosh Khude  
Deputy Director,  
MCGM-CTC, PHO &  
BMT Centre, Borivali



*Mamta Manglani*  
05.10.2023  
Dr. Mamta Manglani  
Director,  
(Academic & Research)  
MCGM-CTC, PHO &  
BMT Centre, Borivali

**Indian Academy of Pediatric (IAP)**  
**Application Form for Admission to Fellowship Courses**  
**Academic Year: 2023-25**

Please Affix  
your  
passport  
size  
photograph

Application No. 2023 /.....

| Sr.No | Name of training Centre/ Institute/College   | Name of Course                                     |
|-------|--|--|
| 1     | MCGM-Comprehensive Thalassemia Care, Pediatric Haematology-Oncology & Bone Marrow Transplant Centre, Borivali (E) Mumbai Maharashtra 400066.<br>(2 years fellowship programme) | Fellowship course in Pediatric Hematology-Oncology |

I Confirm my intention to attend the study course in fellowship Course. I accept the institute admission procedures and understand that the processing of personal information and documents is subject to the requirement of the data protection act.

| 1         | Full Name of the Applicant                            |                           |                             |                   |                          |       |
|-----------|---|---------------------------|-----------------------------|-------------------|--------------------------|-------|
| 2         | Address for Correspondence                            |                           |                             |                   |                          |       |
| 3         | E-mail ID   |                           |                             |                   |                          |       |
| 4         | Mobile No.  |                           |                             |                   |                          |       |
| 5         | Gender  |                           |                             |                   |                          |       |
| 6         | Date of Birth   |                           |                             |                   |                          |       |
| 7         | Nationality   |                           |                             |                   |                          |       |
| 8         | Domicile  |                           |                             |                   |                          |       |
| 9         | Caste & Sub-Caste                                     |                           |                             |                   |                          |       |
| 10        | Category  |                           |                             |                   |                          |       |
| 11        | Marital Status  |                           |                             |                   |                          |       |
| 12        | Physically Handicapped                                |                           |                             |                   |                          |       |
| 13        | <b>Educational Qualification:</b>                     |                           |                             |                   |                          |       |
|           | Whether Post-Graduate Diploma / Degree Qualification. |                           |                             |                   |                          |       |
|           | If Yes, no. of Attempt(s)                             |                           |                             |                   |                          |       |
|           | Under-Graduate Percentage                             |                           |                             |                   |                          |       |
| Exam Pass | Year of Passing                                       | Name of Board /University | Name of Institute / College | Result / Attempts | Total Marks / Percentage | Grade |
|           |   |                           |                             |                   |                          |       |

|    |   |           |        |    |             |                    |
|----|---|-----------|--------|----|-------------|--------------------|
| 14 | Registered Practitioner details with respective State/ Central Registrations Council Completed? |           |        |    |             |                    |
| 15 | Experience Detail:  |           |        |    |             |                    |
|    | Name of Institute   | Post Held | Period |    | Pay Details | Reason for Leaving |
|    |   |           | From   | To |             |                    |
|    |   |           |        |    |             |                    |

### DECLARATION

The above furnished information by me is correct and true to the best of knowledge and belief. If any information submitted here is incorrect, untrue or fraudulent, I understand that I am liable for Civil / Criminal action by the Authority.

Place :

Date :     /     / 2023

**Signature of Applicant**

### List of Documents: -

- 1) Details of the Original documents to be submitted at the time of counselling at Training Centre along with two sets of self-attested photo copies of document by the candidate as per below:
- 2) An incomplete application form will be rejected.
- 3) Following self-attested photocopies are required to be submitted along with the form strictly in given order

### **Checklist of documents: -**

| Sr.No. | List of Documents Required for IAP PHO Fellowship for A.Y. 2023-25  | Attached ( Yes / No) |
|--------|---|----------------------|
| 1.     | Identity Proof & address Proof (Aadhar Card/ Passport)  |                      |
| 2.     | Passing / Degree Certificate and Mark list (s) of all qualifying examination  |                      |
|        | a) Higher Secondary Certificate (HSC) Examination Mark List.  |                      |
|        | b) Under Graduate (UG) Final Year Part- I & Part- II Mark List.   |                      |
|        | c) MD/ DNB Pediatrics Certificate.  |                      |
| 3.     | Valid Registration certificate from the Respective Council or attach renewal receipt.   |                      |
| 4.     | Attempt Certificate (s) of all qualifying examinations in Post Graduate/ DNB/ Diploma/ Degree (as the case may be) course from Head of the Institute (If applicable)  |                      |
| 5.     | Gazette for change in name / Marriage Certificate (If applicable)   |                      |
| 6.     | Experience Certificate of Professional work (teaching / non- teaching) Experience of being worked on the post of Resident (Senior for PG degree / Diploma Holder & Junior for Graduate degree holder / tutor/ lecturer/ medical officer |                      |
| 7.     | Publication. (Mention total no. of publication & attach list.)  |                      |
| 8.     | Presentations. 1) Oral 2) Poster  |                      |
| 9.     | Awards if any.  |                      |
| 10.    | Updated CV.   |                      |