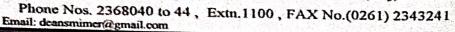


# **Surat Municipal Corporation**

Surat Municipal Institute of Medical Education and Research Opp. Bombay Market, Umarwada, Surat - 395 010 (Guj)-India.





D:WADIO FELLOWSHIP & RADIO IMAGIN COURSEL-H-ENG.doc

**ADMISSION NOTICE: 2022-23** 

### Applications are invited for

(1) Fellowship in Radiology (Post M.D./DMRD/DNB Radiology) at Department of Radiology/Radio-Diagnosis at Surat Muncipal Institute of Medical Education and Research (SMIMER) Surat. All courses are approved by & affiliated with Veer Narmad South Gujarat University, Surat, Gujarat, India.

## Name of the Courses

- 1. Fellowship in Women's Imaging. (Course Duration 1 Years)
- 2. Fellowship in Pediatric Radiology (General). (Course Duration 1 Years)
- 3. Fellowship in Interventional Radiology. (Course Duration 1 Years)

Online Form and course related detailed instructions are available on the University website vnsgu.ac.in.

Application form can be downloaded through university website & hard copy of form with necessary documents are to be submitted to SMIMER Hospital at below mentioned address.

No.SMIMER/

Date: /02/2023

SMIMER Medical College

#### SUBMITTED TO:

Ms. Priti Nayi
Department of Radio diagnosis
3<sup>rd</sup> Floor, SMIMER Hospital
On or Before 10/03/2023 (Except Public Holidays)
Time: 10:00 A.M. TO 4:00 P.M



# Re-Accredited by NAAC with 'A' Grade

VEER NARMAD SOUTH GUJARAT UNIVERSITY
University Campus, Udhna-Magdalla Road, SURAT - 395 007, Gujarat, India.

Tel ; +91 - 261 - 2227141 to 2227146, Toll Free : 1800 2333 011, Fax ; +91 - 261 - 2227312 E-mail : info@vnsgu.ac.in, Website : www.vnsgu.ac.in

Tellowship in Woman's Imaging  Fellowship in Pediatric Radiology  Fersonal Details  Name: SURNAME NAME FATHERS NAME  Address:  Phone No: Mobile No:  E-Mail: Nationality:  Birth Date: Birth Place:  Category: OPEN / SEBC / SC / ST / EWS Gender: Male / Female  Minority: Physically Handicap: Yes / No  Academic Details  Final MBBS passing year: University:  Post Graduate Degree: passing year: University:  Registration No. (MCI / State Govt.)  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (if applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form  Internet	100 - 100 -	Name of fellowship	Post available	Number your choice
Personal Details   Name   SURNAME   NAME   FATHER'S NAME	Fello	owship in Woman's Imaging		
Personal Details  Name: SURNAME NAME FATHERS NAME  Address:  Phone No: Mobile No:  E-Mail: Nationality:  Birth Date: Birth Place:  Category: OPEN / SEBC / SC / ST / EWS Gender: Male / Female  Minority: Physically Handicap: Yes / No  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Crenelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certif. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	2 Fello	wship in Pediatric Radiology		Vernomicaci
Name: SURNAME NAME FATHERS NAME  Address:  Phone No: Mobile No:  E-Mail: Nationality:  Birth Date: Birth Place:  Category: OPEN / SEBC / SC / ST / EWS Gender: Male / Female  Minority: Physically Handicap: Yes / No  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  Applicant Signature  Applicant Signature  Applicant Signature  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	3 Fellows	hip in Interventional Radiology	2	
Address:  Phone No:  E-Mail:  Nationality:  Birth Date:  Category:  OPEN / SEBC / SC / ST / EWS  Gender:  Male / Female  Minority:  Physically Handicap:  Yes / No  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature				
Phone No:  E-Mail:  Birth Date:  Category:  OPEN/SEBC/SC/ST/EWS  Gender:  Male/Female  Minority:  Physically Handicap:  Yes/No  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cernelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	Name:	SURNAME NAME	FATH	IER'S NAME
E-Mail:  Birth Date:  Category:  OPEN / SEBC / SC / ST / EWS  Gender:  Male / Female  Minority:  Physically Handicap:  Yes / No  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (if applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form				
Birth Date:  Category: OPEN / SEBC / SC / ST / EWS Gender: Male / Female  Minority: Physically Handicap: Yes / No  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature	Phone No:		Mobile No:	
Category: OPEN / SEBC / SC / ST / EWS Gender: Male / Female  Minority: Physically Handicap: Yes / No  Academic Details  Final MBBS passing year: University: Post Graduate Degree: passing year: University: Registration No. (MCI / State Govt.)  Applicant Signature  Applicant Signatur	E-Mail:		Nationality:	
Minority:  Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature	Birth Date:		Birth Place :	
Academic Details  Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  Applicant	Category:	OPEN / SEBC / SC / ST / EWS	Gender:	Male / Female
Final MBBS passing year:  University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  Applica	Minority:		Physically Handicap:	Yes / No
University:  Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  Applicant All Filled Forwisional Degree Certificate from the University  A Registration Certificate (MCI / State Govt.)  5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category)  6. Non Cremelayer Certificate of current financial year for SEBC category  7. EWS Certificate (If applicable)  8. Certi. from Civil Surgeon for Physically Handicapped Candidate  9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form				
Post Graduate Degree:  passing year:  University:  Registration No. (MCI / State Govt.)  Applicant Signature  I. Mark sheet (All years / semesters)  2. Degree Certificate / Provisional Degree Certificate from the University  3. Internship Completion Certificate  4. Registration Certificate (MCI / State Govt.)  5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category)  6. Non Cremelayer Certificate of current financial year for SEBC category  7. EWS Certificate (If applicable)  8. Certi. from Civil Surgeon for Physically Handicapped Candidate  9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	Final MBBS J	passing year:		
Diversity:  Registration No. (MCI / State Govt.)  Applicant Signature  Applicant Signature  Applicant Signature  Applicant Signature  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	University:			
University:  Registration No. (MCI / State Govt.)  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters)  2. Degree Certificate / Provisional Degree Certificate from the University  3. Internship Completion Certificate  4. Registration Certificate (MCI / State Govt.)  5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category)  6. Non Cremelayer Certificate of current financial year for SEBC category  7. EWS Certificate (If applicable)  8. Certi. from Civil Surgeon for Physically Handicapped Candidate  9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	Post Graduate	Degree:		
Applicant Signature  Applicant Signature  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	passing year:			
Applicant Signature  Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	University:			
Applicant Signature  All filled forms should be accompanied with self-attested copies of the following documents:  1. Mark sheet (All years / semesters) 2. Degree Certificate / Provisional Degree Certificate from the University 3. Internship Completion Certificate 4. Registration Certificate (MCI / State Govt.) 5. Caste Certificate (if the candidate had applied in SC / ST / SEBC category) 6. Non Cremelayer Certificate of current financial year for SEBC category 7. EWS Certificate (If applicable) 8. Certi. from Civil Surgeon for Physically Handicapped Candidate 9. Passport Size Photo can be attached on application  Applicant has to fill one form and Priority/choice to be numbered in first table in this form	Registration N	lo. (MCI / State Govt.)		
100 pt 10	1 Mark	heet (All years / semesters) Certificate / Provisional Degree Certi	self-attested copies of t	he following documents:
Acknowledgement	3. Interns 4. Regist 5. Caste 0 6. Non C 7. EWS 0 8. Certi. 1 9. Passpo > Applicant	ration Certificate (MCI / State Gov Certificate (if the candidate had applied remelayer Certificate of current finance Certificate (If applicable) from Civil Surgeon for Physically Han	d in SC/ST/SEBC categorial year for SEBC categorial capped Candidate	ry
STORY OF THE PROPERTY OF THE P	3. Interns 4. Regist 5. Caste 0 6. Non C 7. EWS 0 8. Certi. 1 9. Passpo > Applicant	ration Certificate (MCI / State Gov Certificate (if the candidate had applied remelayer Certificate of current finance Certificate (If applicable) from Civil Surgeon for Physically Han at Size Photo can be attached on applied has to fill one form and Prior	d in SC/ST/SEBC categorial year for SEBC categorial year for SEBC categorial capped Candidate cation ity/choice to be number 1	pered in first table in this

Receiver's Signature

# Instruction:

# Course Name: Fellowship in Woman's Imaging

<ul><li>(1) Fellowship in Woman'</li><li>(2) Duration of Course</li></ul>	1 Year (2 SEATS)
(3) Eligibility	M.D./DNB Radiology/DMRD Radiology
(4) Fees	Rs.1,50,000/- at SMIMER+ 5000/- rupees University fees+ Exam fees separately taken by university)
(5) Admission	Through Entrance Test Comprising of 100 MCQs conducted by VNSGUniversity
(6) Teachers : Guide	Professor / Associate Professor in Radiodiagnosis SMIMER
(7) Co-Guide	Assistant Professor /Senior Resident Radiology/IR-SMIMER

· Course Name: Fellowship in Pediatric Radiology (General)

(1) Fellowship in Pediatric Radiology (General) (2 SEATS)				
(2) Duration of Course	One year			
(3) Eligibility	M.D./DNB Radiology/DMRD Radiology			
(4) Fees	Rs.1,50,000/-for SMIMER + 5000/- rupees VNSGU Registration + separate Exam fees for VNSGU)			
(5) Admission	Through Entrance Test Comprising of 100 MCQs conducted by VNSGU			
(6) Teachers: Guide	Professor / Associate Professor of Radiodiagnosis SMIMER			
(7) Co guides-	Assistant Professor /Senior Resident Radiology/IR-SMIMER			

• Course Name: Fellowship in Interventional Radiology

(1) Fellowship in Interventional Radiology (2 SEATS)				
(2) Duration of Course	One year			
(3) Eligibility	M.D./DNB Radiology/DMRD Radiology			
(4) Fees	Rs.1,50,000/-for SMIMER + 5000/- rupees VNSGU Registration + separate Exam fees for VNSGU)			
(5) Admission	Through Entrance Test Comprising of 100 MCQs conducted by VNSGU			
(6) Teachers : Guide	Professor / Assistant Professor of I.R.& Radiology SMIMER			
(7) Co guides-	Assistant Professor & Interventional Radiologist -SMIMER			

Other General Details: Stipend-40000/- per month,

Rules-to work 48 hours per week in the department and Emergency duty as per schedule, Log Book maintainance, Teaching to PG students of Radiology department, Project submission, four Power Point Presentation in the Department and either One Paper Presentation in a National/state conference or one paper submitted for publication

- Certificate: Certificate will be signed and issued after passing the theory and practical assessment, submission of log book.