

APPLICATION FORM

The application form consists of:

PART - A Description of applicant

PART - B Description of hospital

PART - C Description of project

PART – D Nomination and administrative support.

All parts of application should be complete before submission. Complete application form should be received by June. Incomplete applications will be rejected.

Enclose photocopies of

- 1) Degree certificate
- 2) Registration certificate
- 3) University examination mark sheets
- 4) Letter of appointment in the institution where you are working.
- 5) Enclose evidence if you are undergoing compulsory service obligation after MBBS.

Incomplete applications will be automatically rejected.

Applications must reach CMC Vellore by 31st May 2008

PART – A Description of applicant

1. Applicant's full name: (in capital letters)

(First name) (Middle name) (Last name)

Affix passport
size photograph

2. Date of Birth & Age: years. 3. Sex: M / F

DD MM YY

4. Name of the Institution (that you are currently working in):

5. Type of institution:

Level of care

	Tick appropriately
Tertiary hospital	
Secondary hospital	
Clinic/ primary care institution	
Community project	
Others	

Ownership

	Tick appropriately
Mission hospital	
Voluntary	
Government/ Quasi-government	
Private sector	
Others	

6. Address of Institution

7. Complete postal address

8. Telephone numbers:

a. Land line :

b. Mobile number:

9. E-mail address: _____

10. What do you hope to learn through this course?

11. How do you feel this course will benefit you?

12. Which hospital department are you currently working in?

13. What are your current responsibilities and job description?

14. Are you currently undergoing a compulsory service obligation after the MBBS?

Yes/No

Signature of the Applicant:

Date:

PART B – Description of hospital

1. What are the common outpatient problems coming to your hospital or department?

a)

b)

c)

d)

2. What are the common problems for which patients are admitted into your department or hospital?

a)

b)

c)

d)

3. **Bed strength:**

a) Total number of beds available: _____

b) Average bed occupancy in the last 6 months: _____%

4. List various departments in your hospital:

a)

b)

c)

d)

5. **Facilities available** in your hospital/clinic: Circle the appropriate option for each of the item given below:

Operation Theatre	yes	no
Labor room	yes	no
Lab facilities	yes	no
X-ray	yes	no
Ultrasound	yes	no
CT scan	yes	no
Pharmacy	yes	no
Library	yes	no
Computers	yes	no

6. Service utility:

- a. Average number of total out patients per day or per month:
- b. Total inpatients in the last one year:
- c. Total number of major surgeries conducted in the last one year:
- d. Total number of deliveries conducted in the last one year

7. Staff details:

Please provide details of staff strength of your hospital as requested below.

	Number
MBBS	
Specialists/Consultants (PGs)	
Others (Homeo / Ayurveda ...)	
Nurses – graduate	
Nurses – certificate	
Lab technicians	
X- ray technicians	
Physiotherapists	
Counselors	
Social workers	
Other support / maintenance staff	

8. The hospital/ organization/ clinic were started by _____
 (name of the individual/ organization/ mission agency / others) in the year _____.
 What was the purpose for which your institution was started?

9. The hospital/organization /Clinic is presently

Owned by:

Administered by:

10. Does your hospital/organization/clinic have any special focus in the type of patients it attempts to take care of?

PART C – Description of project

We would like you to do a small project on a local health problem. Examples of projects from earlier courses are clinical research studies, development of hospital guidelines and staff training programmes. Projects will be guided by a CMC faculty member and a local mentor. Towards this we request you to outline clinical care or research project that you would like to do during the course.

1. Background

(Why have you chosen this project? Brief description of the problem)

2. Objectives of your study:

3. Methodology (Specific steps of clinical care or research project)

4. Outcome

a) In case of clinical care project, what would be the research outcome?

b) In case of research project, what would be the clinical care outcome?

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PART D

NOMINATION & ADMINISTRATIVE SUPPORT
(To be filled in by senior administrative officer)

I have understood the requirements of the student for the Fellowship in Secondary Hospital Medicine course.

I would be happy to nominate ----- to enroll in the course.

I have read through Section C above outlining the project proposed by this candidate. I am happy to support the student in doing this project. I will also provide the necessary leave for the student to attend the contact sessions.

Signature:

Name:

Designation: