



FELLOWSHIP IN GENERAL INFECTIOUS DISEASES AND ANTIMICROBIAL STEWARDSHIP

**ADMISSION 2024-25**

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**DECLARATION FORM**

I declare that the information given in my application form and any additional information provided in support of my application is true and complete to the best of my knowledge and belief and also I am aware and understand that this is purely an institution run course and not affiliated to any University or National and International accreditation bodies.

**Candidates Signature:**

**Name of the Candidate:**

**SUPPORT FROM THE HOSPITAL**

How supportive would you be of the proposed course of the applicant? In what ways would you provide support the candidate? Please be specific as possible (time, recourses, administrative support and manpower)

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Applicant's Name \_\_\_\_\_

Hospital \_\_\_\_\_

Nominating Officer's name \_\_\_\_\_

Designation \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Nominating Officer's Signature \_\_\_\_\_