



ADESH UNIVERSITY

(Established under Government of Punjab Act 6 of 2012)

NH-7, Barnala Road, Bathinda-151101 (Punjab)

Application for "Fellowship in Assessment of Health Professions"

1. Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Designation: _____
5. Office address: _____

6. Mailing Address: _____
7. Postal Address: _____
8. Email: _____
9. Mobile No.: _____
10. Date of Birth: _____
11. Designation and Institute: _____
12. Educational Qualifications:

Qualification	Degree	University	Year	Marks/ Grade	Remarks, if any
Graduate					
Postgraduate					
Doctoral					
Others					

13. Training in Medical Education: include Research Methodology.

Name of the programme	Institute/University	Duration Give exact dates)	Year	Remarks

14. Work experience (Asstt. Professor upwards)

Designation	Institute/University	Department	Duration (Give exact dates)	Remarks

15. Publications, if any, in health professions education. Please provide year wise list in Vancouver style.

16. Why do you want to join this program?

17. Details of application fee enclosed: Amount Rs. 2000/- DD No/ Transaction No.....

Date Bank

I..... s/o..... declare that I have read and understood the requirements of the program and I am willing to participate as required for the programme including two weekly contact sessions, participation in ongoing academic discussions, project and any other academic activity required for completion of the program.

Name.....

Signatures and date.....

Enclosures:

1. Highest academic degree (copy)
2. Experience certificate cum NOC (original)
3. Demand Draft/ Transaction Slip for application fee of Rs. 2000/-

Recommendations by the controlling officer with signature and official stamp:

Designation

Instructions

1. Completely filled form along with enclosures and DD/ Transaction Slip of application fee should be scanned and sent to the Registrar, Adesh University at mail@adeshuniversity.ac.in with a copy to chpe@adeshuniversity.ac.in **(Last date: 31.10.2026)**.
2. The application form, DD/ Transaction Slip for application fee and enclosures (as detailed in application form) should be posted to Registrar, Adesh University, Bathinda-151101. The envelope must be marked in bold capital letters as-"APPLICATION FOR FELLOWSHIP IN ASSESMENT OF HEALTH PROFESSIONS". **This must reach the Adesh University by 15.11.2026.**
3. DD/ Transaction Slip as fee for 1st six months (Rs 20,000 for Internal Faculty and Rs 25,000 for External Faculty) must be made in the name of Registrar, Adesh University payable at Bathinda. This fee is non-refundable. This will be submitted only after selection is confirmed by the Adesh University, Bathinda.
4. Next six month fee will be required to be paid before starting the course (before contact session).
5. Please do read prospectus of the program, for more details.
6. **Last date: 31-10-2026**