



# 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. Designation: \_\_\_\_\_

3. Office address: \_\_\_\_\_

\_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Postal Address: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Mobile No.: \_\_\_\_\_

8. Date of birth: \_\_\_\_\_

9. Designation and Institute: \_\_\_\_\_

\_\_\_\_\_

### 10. Educational Qualifications:

| Qualification | Degree | University | Year | Marks/<br>Grade | Remarks,<br>if any |
|---------------|--------|------------|------|-----------------|--------------------|
| Graduate      |        |            |      |                 |                    |
| Postgraduate  |        |            |      |                 |                    |
| Doctoral      |        |            |      |                 |                    |
| Others        |        |            |      |                 |                    |

**11. Training in medical education: include research methodology.**

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

**12. Work experience (Asstt. Professor upwards)**

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

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

**14. Why do you want to join this program?**

15. Details of fee enclosed: Amount ..... DD 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. Certificates of training in education (copy)
4. Demand draft for course fee

Recommendations by the controlling officer with signature and official stamp:

Designation

#### Instructions

1. Completely filled form along with enclosures and DD should be scanned and sent to the Registrar, Adesh University.
2. DD 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.
3. The application form, DD for first six months of 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”**.
4. Next six month fee will be required to be paid before starting the course (before first onsite session). In case of non-selection for the fellowship program, the DD will be returned back.
5. Please do read prospectus for the program, for more details.