



# CHANRE RHEUMATOLOGY & IMMUNOLOGY CENTER & RESEARCH

(Specialized Center in Rheumatology, Autoimmune Disease, Allergy, Immuno-Deficiency & Immuno-Hematology)

No. 414/65, 20th Main, West of Chord Road, 1st Block, Rajajinagara, Bengaluru – 560010

Email: [info@chanrerirc.com](mailto:info@chanrerirc.com) Website: [www.chanrerirc.com](http://www.chanrerirc.com), [www.mychanreclinic.com](http://www.mychanreclinic.com)

Ph: 080 42516699 Fax: 080 42516600

## Two Years Post-Graduate Fellowship in Immunology & Rheumatology

### APPLICANT INFORMATION

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

Address: \_\_\_\_\_

Place: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Id: \_\_\_\_\_

Opting for the Batch: JANUARY  JULY

Have you ever worked for this company? YES  NO  If so, When? \_\_\_\_\_

### EDUCATION

Higher Secondary Education: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Intermediate: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

College 1: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

College 1: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Others: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_



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## PREVIOUS / PRESENT POSITION HELD

1. Position: \_\_\_\_\_ 2. Position: \_\_\_\_\_  
Institute: \_\_\_\_\_ Institute: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## REFERENCES

*Please list two professional references:*

1. Full Name: \_\_\_\_\_ 2. Full Name: \_\_\_\_\_  
Designation: \_\_\_\_\_ Designation: \_\_\_\_\_  
Institution: \_\_\_\_\_ Institution: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## ACADEMIC AWARDS / ACHIEVMENTS / PUBLICATIONS / PRESENTATIONS / DISSERTATION:



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## PERMANENT ADDRESS (If different from already stated)

## DISCLAIMER AND SIGNATURE

I certify that my statements are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.

Please paste a copy of  
your Recent Passport size  
Photograph

(Do not Staple / Pin)

**Signature:**

**Date:**

**Note:**

1. Please fill in all the fields. Incomplete applications will not be accepted.



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2. Completed applications along with CV / Resume to be mailed and Scanned copy to be e-mailed to the address mentioned on the letterhead