

Apollo Hospitals Education and Research Foundation (AHERF)

Annexure A (to be filled by the hospital)

The fellowship training program will take place only at recognized AHERF Fellowship Training Centre. The department will submit the outline of the fellowship program - the various procedures observed by the fellow, the number of scheduled training lectures, clinical presentations, in-house patient management schedules to be trained in and undertaken, research activities, local, national and international presentations.

1. Location of the Hospital (City):
2. Specialization in which the AHERF fellowship is requested for (Please use one form for one specialty):

3. Department Details

3.1 Number of consultants and their list:

3.2 Number of Junior Medical Staff and their list:

3.3 Infrastructure in the Department to support the Fellowship:

3.4 O.P. volume during the last one year:

3.5 I.P volume during the last one year:

3.6 Volume of Procedures during the last one year (if applicable):

3.7 The approved junior medical staff position under which this fellowship position will be

absorbed -Registrar/Senior Registrar/ Junior Consultant :

3.8 Name of consultant who would be assigned as a guide to AHERF fellow:

Name: _____

Designation: _____

Telephone: _____ E-mail: _____

3.9 Outline of the training program:

Signature of the coordinator:

Signature of the Head of the Academics of the hospital:

Signature of the Medical Head of the hospital:

Signature of Operational Head of the hospital: