



**YENEPLOYA**

(DEEMED TO BE UNIVERSITY)

Recognized under Sec3(A) of the UGC Act 1956  
Accredited by NAAC with 'A+' Grade



Yenepoya (Deemed to be University) in collaboration with IQRAA, International Hospital and Research Centre has invited application for

# Post – Doctoral Fellowship in Interventional Radiology

Duration: 23 months

Eligibility: Post MD/ DNB in Radiology

Intake: 01

Last date for receipt of filled application: 05<sup>th</sup> September 2023

Course Commencement: 18<sup>th</sup> September 2023

Mail application to:  
[registrar@yenepoya.edu.in](mailto:registrar@yenepoya.edu.in)

For more information:  
[www.yenepoya.edu.in](http://www.yenepoya.edu.in)

*For More Details Contact*

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[Manisha.habeeb@iqraahospital.in](mailto:Manisha.habeeb@iqraahospital.in) / +918089640981  
IQRAA



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University Road, Mangaluru 575 018

Tel. : +91 824 2206000

[www.yenepoya.edu.in](http://www.yenepoya.edu.in)

(To be filled in by the Applicant in BLOCK letters. Incomplete applications will be rejected)

APPLICATION FOR ADMISSION TO FELLOWSHIP PROGRAM / CERTIFICATE COURSE  
FOR THE ACADEMIC YEAR .....

Recent  
Passport  
Size  
Photograph  
to be affix  
here

Name of the Fellowship/Course : \_\_\_\_\_

#### APPLICANT DETAILS

Full Name : \_\_\_\_\_

Gender : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_  
( DD/MM/ YY)

Father's Name : \_\_\_\_\_

Mother's Name:-

Address for Correspondence :-

**ACADEMIC DETAILS (Please include UG/PG details ( all years aggregate))**

<b>Examination Passed</b>	<b>Name of College</b>	<b>Name of Board / University</b>	<b>Reg. No.</b>	<b>Percentage (Aggregate)</b>	<b>Month &amp; Year of Passing</b>

(Please bring the copies of the certificates & statement of marks in support of the above details at the time of the Interview.)

**Why you would like to do this fellowship/Certificate Course? (Write in Brief); Not more than 100 words.:**

**DECLARATION BY APPLICANT:**

The statements made above are true, to the best of our knowledge and belief.

**Candidate's Signature**

Place

Date

Email the scanned copy of the filled form to registrar@yenepoya.edu.in