

6.18. Declaration by Head of the Department / Dean / Principal

This is to certify that Dr. Mr. / Ms. _____ (Applicant for the B. Braun Medical Trust Foundation Scholarship) is a full time student of our institute and is enrolled in the 2nd year term for Post Graduation in the field of _____

Since _____ and has a record of uninterrupted course of study in our institution. He / she is an outstanding student and has a promising future in the field of medical science.

Signature of the HOD/ Dean/ Principal
with stamp

Date (dd/mm/yr)

6.19. Checklist for Applicants

Please use this Check List to help you to keep a track of the documents you are sending across to the B. Braun Medical Trust Foundation for Scholarship. Since all documents become a property of the B. Braun Medical Trust Foundation you are advised not to send the original copies and also to keep a photocopy of the documents sent across to the B. Braun Medical Trust Foundation. We cannot accept documents sent to us via e-mail.

Have you enclosed the photocopies of the following documents?

- Proof of Citizenship of India
- Proof of Marks obtained in MBBS Examination & Proof of Marks obtained in admission to Post Graduate Examination
- Proof of passing certificate/ mark sheet/ letter from institute on successful completion of 1 year of Post Graduation
- Recent Passport Sized photograph (one copy)
- Photocopies of Citations, Awards won since enrolment in MBBS & Certificates / letters received from the organizing committee of Zonal / National Level Congresses / Conferences for Presentations made
- Photocopies of Scientific Papers Published in National / International Journals during the Course of Medical Education
- Brief plan of the Thesis Selected
- Reference of an individual familiar with your academic career, such as a teacher, principal or someone who can attest your scholarly abilities.
- Cheque / Demand draft of RS. 100 in favor of B. BRAUN MEDICAL TRUST FOUNDATION payable in Mumbai.

Please send in your completed application forms to:

Information on this scholarship is available at: <http://www.bbraun-medicaltrust.com>



The Executive Committee
B. Braun Medical Trust Foundation
 Unit I, 5th Floor, East Quadrant,
 The I.L & F.S. Financial Centre,
 Bandra Kurla Complex, Bandra (E),
 Mumbai 400051, Maharashtra, India
 Tel: +91-22-6668 2281
 Fax: 91-22-6668 2121
www.bbraun-medicaltrust.com

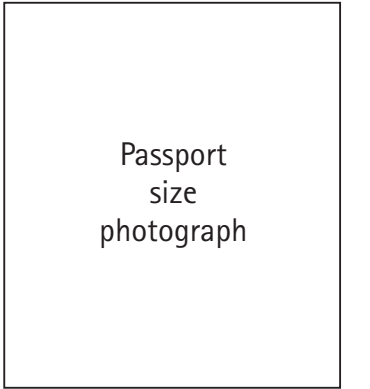


**Application form
 B. Braun Medical Trust Foundation**

1. Full Name : Mr. / Ms. _____
 (IN BLOCK LETTERS) _____
 First Name Middle Name
 Last Name

2. Name of Medical College _____

6.2.1. Address of Medical College _____



6.2.2. Telephone Number _____

6.2.3. City _____

6.2.4. Pin code _____

6.3.1. Correspondence Address (of the applicant) _____

6.3.2. City _____ 6.3.3. Pin code _____

6.3.4. Tele. No. _____ Mobile _____ Email _____

6.4. Date of Birth _____ Day _____ Month _____ Year _____ 6.5. Sex _____

Educational Information
 6.6. Name of Programme of Post Graduation _____

6.7. What degree will you graduate in after Post Graduation? _____

6.8. What is your email id ? _____

6.9. Where would you like to pursue your career after completion of your post graduation?
 India Abroad

6.10. Education record (please enclose photocopies of mark sheets)

Medical Equipment	Period of study / Examination year		Name of Institution / University	% Marks obtained
	From	To		
MBBS				
Entrance examination to Post Graduation				

Please use extra sheets to provide further information wherever required

6.11. Information on special achievements / Awards

Awards Received	Instituted by	Year of award received	Details of accomplishments

6.12. Topic of current thesis thesis selected (please use extra sheets if necessary)

NB: = Please enclose brief plan of the Thesis.

6.13. Presentation made in Zonal & National Level Congresses / Conferences

Name of Congress / Conference	Date	Subject of Presentation
1.		
2.		
3.		
4.		
5.		

6.14. Scientific Papers Published in National/ International Journals

Name of Journal	Date	Topic of the Scientific Papers Published
1.		
2.		
3.		
5.		
6.		

6.15. Reference Name

6.15.1. Designation/ Occupation

6.16. Cheque / Demand draft number

6.16.1. Bank & Branch _____ Dated _____

6.17. Declaration of applicant

I Have Read And Understood The Instructions And Declare That

- a) All information provided by me is true and complete and I understand that it is subject to audit;
- b) I will be a full-time student at the institution named for the period stated
- c) I will immediately inform the office of the B. Braun Medical Trust Foundation in writing if I withdraw from full time studies before completing the Post Graduation Course, if I receive the scholarship.

I Understand And Agree That

- a) My personal information pertaining to my education and post graduation academic progress may be released and exchanged by and between the B. Braun Medical Trust Foundation's Executive Committee & the Advisory Committee Members for the purpose of determining my eligibility of the scholarship.
- b) My personal information pertaining to my education and post graduation academic progress may be released and exchanged by and between the B. Braun Medical Trust Foundation and any government departments, boards or institutions to verify the information I have provided.

I authorize the B. Braun Medical Trust Foundation to release my name and the programme of study if I receive a scholarship

Signature of the applicant

Date (dd/mm/yr)