

**APPLICATION PROFORMA FOR SELECTION OF TAGORE MEDICAL STUDENT
RESEARCH FELLOWSHIP SCHEME FOR UNDERGRADUATE MBBS STUDENTS
OF TAGORE MEDICAL COLLEGE & HOSPITAL- 2024**

1.Name of the Student		Student ID No. Mobile No. EMail ID:		
2.Date of birth:	Age:	Sex:		
3.Course undergoing		Year of Study:		
4.Name of the Institution				
5.Name of the Supervisor & Designation				
6.Topic of Research Chosen for Summer Research Fellowship*				
(* An one page write-up of the proposed research project duly signed by the candidate and Supervisor must be attached)				
7. Previous experience of having conducted research projects? If yes, give details.		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
8. Recommendations of the proposed supervisor with signature				
9. Recommendations of the HOD with signature				
Date:		Signature of the student		

(Last date for submission of the application to Director (Research & Consultancy), Dept of Pharmacology, Tagore Medical College & Hospital is 15-02-2024)