**APPLICATION FORM**

**DR. NAGARUBAN ARUMUGAM MEMORIAL SCHOLARSHIP**

Name :………………………………………………..

Registration Number :………………………………………………..

Batch :………………………………………………..

Clinical field :………………………………………………

Research Topic :………………………………………………

Proposal :……………………………………………….

Budget :……………………………………………….

Recommendation

Recommended/ Not Recommended Recommended/ Not Recommended

…………………………………………………….. ……………………………………………………..

Head/…………………………………. Coordinator/ Elective Appointments

Recommended Forwarded

………………………………………………..

Dean/ Medicine

Approved

…………………………………………………..

Chairman/ Scholarships & Fellowship Committee