

Office of the FHNO Institutional Fellowship Program

FHNO INSTITUTIONAL FELLOWSHIP PROGRAM: LETTER OF OFFER & JOINING

Date:

Path: A / B

Name of Candidate:

Address:

Institute Name:

Institute Address:

Name of Program Director:

Dear Dr,

You are selected for FHNO Oral Oncology / Head & Neck Institutional Fellowship at above mentioned institute. This is a full-time training position for which the conditions and responsibilities are set out below.

This training position will start on _____. It will be a two-year fulltime training program. The fellowship starts no later than the date specified or this appointment is void.

The relationship between the fellow and the Institute is educational as well as stipendiary. The fellowship is subject to legal, policy and professional requirements of the Institute and region.

You will require to meet educational and training goals laid by FHNO. You will be assigned academic, educational and clinical responsibilities. There will be periodic evaluation by FHNO and institute. Upon an unfavourable review, suggested areas of improvement will be indicated. In case of nonprogress perceived by the institute despite all corrective measures at the institute's end, or in case of two successive unfavourable reviews, the FHNO will be consulted, and subsequent actions including further review period, relocation, or termination of fellowship will be the joint prerogative of FHNO and the institute. At the end of the term you will be required to take an exit examination. In case of non-completion of the fellowship, no experience certificate will be issued by the FHNO.

The existing policy of the institute as regards working hours, protocols, location/s will be binding on the fellow. The institute may issue a separate appointment letter to that effect.

If required, you will need to apply and procure local medical licence registration.

The fellow will be granted a stipend not less than Rs. 50,000 INR per month by the institute.

All Fellowship rules will be decided by FHNO, and fellows and institutes will abide to them, including necessary revisions in future.

All disputes and their settlement will be subject to jurisdiction Ahmedabad, Gujarat.

Yours truly,

Dr Kaustubh Patel, Chairman, FHNO Institutional Fellowship Committee

Name of the Program Director: _____.

Signature of the Program Director with date:

Terms of Acceptance (to be filled by the candidate)

In signing this offer, I agree to the above terms of this offer and the Objectives of this fellowship.

Name: _____

Signature: _____ Date: _____