

Closing Date: 1st Jan 2019

APPLICATION FORM APSS Fellowship Programme 2019

Full Name (in block letter): First Name _____ Last Name _____		<i>Passport-size Photograph</i>
Gender: Female / Male		
Passport No: _____	Nationality: _____	
Email: _____		
Place of Birth: _____	Date of Birth: _____	
Correspondence Address: _____ _____ _____		
Current Position: _____ _____		
Institution Address: _____ _____ _____		
Tel: _____	Fax: _____	
Basic Medical Degree: Qualification: _____ Date of Graduation _____ Medical school/center: _____		
Postgraduate Orthopaedic Education: Qualification: _____ Date of Graduation _____ Medical school/center: _____		
Spine Training i.e. Fellowship: Name of Center: _____ Date and Duration _____		
Are you interested in spine research? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Published article(s): <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation (Please list down the number)		
How many years or months of experience in spine? _____		
Are you an APOA & APSS Active Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been awarded a fellowship from APSS? Yes <input type="checkbox"/> Which year? _____ No <input type="checkbox"/>		
Area of interest in spine: 1 - _____ 2 - _____ 3 - _____		
Please select the fellowship programme that you are applying for: (Please note that you will be eligible for only <u>one</u> fellowship award from these selections) <input type="checkbox"/> APSS DePuy Synthes Clinical Fellowship <input type="checkbox"/> APSS Medtronic Fellowship <input type="checkbox"/> APSS DePuy Synthes Travelling & SICOT Spine Fellowship <input type="checkbox"/> APSS-Ganga Hospital Fellowship		
Please state the selected fellowship programme above, in order of preference. (Number 1 being the most preferred fellowship programme) 1 - _____ 2 - _____ 3 - _____ 4 - _____		

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I hereby declare that the information given above is true and genuine.

Signature:

Date:

FOR NON-MEMBER, THE APPLICATION MUST BE ACCOMPANIED BY THE PROOF OF SUBMISSION AND PAYMENT FOR THE APOA & APSS (SPINE SECTION) MEMBERSHIP. WEBSITE: www.apssonline.org

Complete and email this form along with the required documents to:

APSS SECRETARIAT

Email: spine@apssonline.org

Website: www.apssonline.org