

# APPLICATION FORM

## APSS MEDTRONIC FELLOWSHIP 2017

Closing Date: **30<sup>th</sup> May 2017**

<b>Full Name (in block letter):</b>		<i>Passport-size Photograph (2' x 2')</i>
First Name	Last Name	
<b>Gender:</b> Female / Male		
<b>Passport No:</b>	<b>Nationality:</b>	
<b>Date of Birth:</b>		
<b>Place of Birth:</b>	<b>Email:</b>	
<b>Correspondence Address:</b>		
<b>Current Position:</b>		
<b>Institution Address:</b>		
<b>Tel:</b>	<b>Fax:</b>	
<b><u>Basic Medical Degree:</u></b>		
<b>Qualification:</b>		
<b>Medical school/center:</b>	<b>Date of Graduation</b>	
<b><u>Postgraduate Orthopaedic Education:</u></b>		
<b>Qualification:</b>		
<b>Medical school/center:</b>	<b>Date of Graduation</b>	
<b><u>Spine Training i.e. Fellowship or Attachment:</u></b>		
<b>Name of Center:</b>	<b>Date and Duration</b>	
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? <input type="checkbox"/> Months/ Years		
Are you an APOA & APSS Active Member?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been awarded a fellowship from APSS? If yes, please indicate which year.		
<b>Area of interest in spine:</b>		
1 -		
2 -		
I hereby declare that the information given above is true and genuine.		
<b>Signature:</b>		<b>Date:</b>
FOR NON MEMBER, THE APPLICATION MUST BE ACCOMPANIED BY THE PROOF OF SUBMISSION AND PAYMENT FOR THE APOA & APSS (SPINE SECTION) MEMBERSHIP. WEBSITE: <a href="http://www.apoaonline.com">www.apoaonline.com</a>		

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

APSS SECRETARIAT  
Email: [spine@apssonline.org](mailto:spine@apssonline.org)