

APPLICATION FORM APSS Fellowship Programme 2019

Full Name (in block letter):		<i>Passport-size Photograph</i>
First Name	Last Name	
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:		
Medical school/center:	Date of Graduation	
Postgraduate Orthopaedic Education:		
Qualification:		
Medical school/center:	Date of Graduation	
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 one fellowship award from these selections)		
<input type="checkbox"/> APSS Medtronic 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 -		

Extended Closing Date: 28 February 2019

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