

APPLICATION FORM

APSS Depuy Synthes Spine Clinical Fellowship 2016

| | | |
|---|---------------------------|-------------------------------------|
| Full Name (<i>in block letter</i>): | | <i>Passport-size Photograph</i> |
| First Name | Last Name | |
| Gender: Female / Male | | |
| Passport No: | Nationality: | |
| Date of Birth: | | |
| Place of Birth: | Email: | |
| Correspondence Address: | | |
| Current Position: | | |
| Institution Address: | | |
| Tel: | Fax: | |
| <u>Basic Medical Degree:</u> | | |
| Qualification: | | |
| Medical school/center: | Date of Graduation | |
| <u>Postgraduate Orthopaedic Education:</u> | | |
| Qualification: | | |
| Medical school/center: | Date of Graduation | |
| <u>Spine Training i.e. Fellowship</u> | | |
| Name of Center: | Date and Duration | |
| Published article(s) <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation <input type="checkbox"/> (Write the Number) | | |
| How many years or months of experience in spine? | | |
| Are you an APOA & APSS Active Member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you been awarded a fellowship from APSS? If yes, please indicate which year. | | |
| Area of interest in spine: | | |
| 1 - | | |
| 2 - | | |
| 3 - | | |
| 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.apoaonline.com | | |

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

APSS SECRETARIAT

G-1, Medical Academies of Malaysia, 210 Jalan Tun Razak, 50400 Kuala Lumpur, MALAYSIA.

Tel: +603 4023 4700 | +603 4025 4700 Fax: +603 4023 8100

Email: spine@apssonline.org