

APPLICATION FORM

APSS Deputy Synthes Spine Clinical Fellowship 2015

Full Name (in block letter):		<i>Passport-size Photograph (2' x 2')</i>
First Name	Last Name	
Gender: Female / Male		
Passport No:	Nationality:	
Date of Birth:		
Place of Birth:	Email:	
Home 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	
Area of interest in spine:		
1 -		
2 -		
3 -		
I hereby declare that the information given above is true and genuine.		
Signature:		Date:
<p>* <u>Please note that:</u></p> <p>(i) For Non-APSS member, the application must be accompanied by an APOA + Spine Section membership application form. Website: www.apoonline.com</p> <p>(ii) Applicant must ensure that the information contained in the curriculum vitae must correspond to the information in the Excel Sheet (as attached).</p> <p>(iii) The APSS Secretariat will counter check it and the applicant shall be held liable should there be any discrepancies or falsification of information.</p> <p>(iv) Any proof of falsification of data may result in one being barred from the current and future application.</p>		

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: admin@apoonline.com