

Closing Date: 31st Jan 2017

APPLICATION FORM
APSS DePuy Synthes Spine **Travelling** Fellowship 2017

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 <input type="checkbox"/> (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 -		
Please list your preferred country for the fellowship from 1 to 6 (1 being the highest priority): () Australia () China () Hong Kong () India () Indonesia () Japan () Korea () Malaysia () Singapore () Taiwan		
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 email this form along with the required documents to:

APSS SECRETARIAT

Email: spine@apssonline.org

Website: www.apssonline.org

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