

Closing Date: 15<sup>th</sup> Jan 2018

APPLICATION FORM  
APSS-GANGA HOSPITAL FELLOWSHIP 2018

<b>Full Name (in block letter):</b>		<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:	
<b>Basic Medical Degree:</b>		
Qualification:		
Medical school/center:	Date of Graduation	
<b>Postgraduate Orthopaedic Education:</b>		
Qualification:		
Medical school/center:	Date of Graduation	
<b>Spine Training i.e. Fellowship:</b>		
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 -		
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: <a href="http://www.apssonline.org">www.apssonline.org</a>		

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

APSS SECRETARIAT  
Email: [spine@apssonline.org](mailto:spine@apssonline.org)  
Website: [www.apssonline.org](http://www.apssonline.org)