

Registration Form for
International Fellowship programme
In Minimal Access Surgery/Surgical Oncology

PLEASE FILL THE FORM IN YOUR HAND WRITING IN CAPITAL LETTERS

1. Name:
2. Address:
3. Email id:
4. Mobile Number:
5. Alternate contact number:
6. Current Institute of Working
 - a. Department
 - b. Designation
 - c. Working Since:
7. Educational Qualification
 - a. Post Graduate Qualification:

One	Two	Multiple
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Discipline	Completion of training		University/ Hospital of training
	Month	Year	
DNB (General Surgery)			
MS (General Surgery)			
DNB (Surgical Gastroenterology)			
DNB (Surgical Oncology)			
MCh (GIS)			
FRCS			
FNB (Minimal Access Surgery)			

8. Kindly provide details of your experience in various surgical departments in the following format:

Department	Designation	Hospital/ Institution	Experience	
			Years	Months

9. Please provide details of indexed publications under your name:

a. National

Title	Journal Name	Volume	Issue	Month of Publication

b. International:

Title	Journal Name	Volume	Issue	Month of Publication

10. Please provide details of Research work undertaken by you.

Topic	Specialty Area	Type of Study	Duration	Aim of the Research Work

11. Details of Teaching Assignments undertaken:

Designation	Department	Institution/ Hospital	Period		Areas of engagement
			From	To	

12. Do you possess a valid Indian Passport?

Yes	No
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If yes,

- a. Passport Number
- b. Passport Issuing Place
- c. Date of expiry of passport

13. Do you possess a Valid IELTS Score of more than 7.5?

Yes	No
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(Candidates who do not possess a valid IELTS Score shall be required to obtain one before the cut off date)

14. Do you fulfill all requirements for registration with GMC, UK?

Yes	No
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(If No, please visit the website www.gmc-uk.org for further details on registration requirements)

15. Kindly provide details of two references: *(Please note: You are kindly requested not to list your family members, friends or relatives as a referee. The referees listed by you might be contacted at any stage of the admission process to verify your credentials)*

Referee 1		Referee 2	
Name		Name	
Designation		Designation	
Institution		Institution	
Relation		Relation	
Address		Address	
Mobile Number		Mobile Number	
Email id:		Email id:	

16. Statement of Agreement: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my candidature for the International Fellowship programme in Minimal Access Surgery/Surgical Oncology shall stand cancelled.

Date:

Full Name:

Place:

Signature: