# **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:

Surgery)

4. Mobile Number:

5. Alternate contact number:

6. Current Instit	tute of Working				
a. Department					
b. Desig	·				
c. Worki	ng Since:				
7. Educational	Qualification				
	Graduate Qualific	ation:			
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8.	Kindly provide details	of your	experience	in	various	surgical	departments	;
	in the following forma	t:						

Department	Docianation	Hospital/	Experience		
	Designation	Institution	Years	Months	

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

### a. National

Title	Journal Name	Volume	Issue	Month Publication	of

### b. International:

Title	Journal Name	Volume	Issue	Month Publication	of

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:

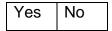
Designation	Department	Institution/ Hospital	Period		Areas of
	Department		From	То	engagement

12. Do you possess a valid Indian Passport?

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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?



(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?



(If No, please visit the website <u>www.gmc-uk.org</u> 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: