

APPLICATION FORM

APSS Depuy Synthes Spine Travelling Fellowship 2016

Full Name (in block letter):		<i>Passport-size Photograph</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:	Date of Graduation			
Postgraduate Orthopaedic Education:				
Qualification:				
Name of school:	Date of Graduation			
Spine Training i.e. Fellowship				
Name of Center:	Date and Duration			
Published article(s) <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation <input type="checkbox"/> (Write the Number)				
How many years or months of experience in spine?				
Are you an APOA & APSS Active Member? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been awarded a fellowship from APSS? If yes, please indicate which year.				
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	() India	() Indonesia	() Japan	() Korea
() Malaysia	() Myanmar	() Nepal	() Pakistan	() Philippines
() Singapore	() Vietnam			
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 send this form along with the required documents to:

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