## **APPLICATION FORM**

Closing Date: 1st February 2015

## APSS Depuy Synthes Spine **Travelling** Fellowship 2015

Full Name (in block letter):		
First Name	Last Name	Passport-size Photograph
Gender: Female / Male		(2' x 2')
Passport No:	Nationality:	
Date of Birth:		
Place of Birth:	Email:	
Home Address:		
Current Position:		
Institution Address:		
Tel:	Fax:	
TCI.	I da.	
Basic Medical Degree:		
Qualification: Medical school:	Date of Gra	duation
Postgraduate Orthopaedic Education:		
Qualification:		
Name of school: Date of Graduation		
Spine Training i.e. Fellowship Name of Center:	Date and Duration	
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 ( ) India	( ) Japan ( ) Kor	ea ( ) Malaysia
( ) Pakistan ( ) Singapore ( ) Taiwan	( ) Thailand ( ) Viet	tnam
I hereby declare that the information given above is true and genuine.		
Signature:	Date:	
* Please note that:		
(i) For Non-APSS member, the application must be accompanied by an APOA + Spine Section		
membership application form. Website: <a href="www.apoaonline.com">www.apoaonline.com</a> (ii) Applicant must ensure that the information contained in the curriculum vitae must correspond to the information in the Excel Sheet (as attached)		

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

(iii) The APSS Secretariat will counter check it and the applicant shall be held liable should there be

(iv) Any proof of falsification of data may result in one being barred from the current and future

any discrepancies or falsification of information.

application.

Email: admin@apoaonline.com