

Closing Date: 1st Jan 2018

APPLICATION FORM

APSS DePuy Synthes Spine Travelling Fellowship 2018

Full Name (in block letter):		<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:			
Basic Medical Degree:				
Qualification:				
Medical school/center:	Date of Graduation			
Postgraduate Orthopaedic Education:				
Qualification:				
Medical school/center:	Date of Graduation			
Spine Training i.e. Fellowship:				
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 (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 -				
Please list your preferred country for the fellowship from 1 to 6 (1 being the highest priority):				
() Australia	() China	() Hong Kong	() India	() Japan
() Korea	() Malaysia	() Singapore	() Taiwan	() 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.apssonline.org				

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

APSS SECRETARIAT
Email: spine@apssonline.org
Website: www.apssonline.org