



**APPLICATION FOR FELLOWSHIP COURSES AND SHORT TERM OBSERVERSHIP
OFFERED BY UROLOGICAL SOCIETY OF INDIA**

1. Name of the Candidate: _____
2. Age: _____
3. Sex: _____
4. Address for communication: _____
- _____
- _____

Paste Stamp
Size
Photograph.

State: _____ Pin: _____

5. Academic Qualifications:

Sl. No	Qualification	Year	University

6. Present Job/Position: _____

7. Work Experience: _____

Sl.	Institute	Position	Duration		Remarks if any
			From	To	

8. Phone/ Mobile No.: _____

9. References: _____

Sl.No	Name of referee	Name of Institution	Contact No.	Email id
1.				
2.				
3.				

10. Publication: Include as addendum

11. Awards/Travelling fellowships : Include as addendum

12. NOC from parent Institute if in JOB for stipulated period of training.

Centre Opted for: 1st Option _____

2nd Option _____

3rd Option _____

DECLARATION

I,declare that the details furnished in the application are true to the best of my knowledge and belief.

Place: _____

Date: _____

Signature of the Applicant