

**FORM OF APPLICATION FOR THE ETHICON TRAVELLING  
FELLOWSHIP IN GENERAL SURGERY OF  
THE ASSOCIATION OF SURGEONS OF INDIA -2011.**

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Sex : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Qualification : \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_  
With pincode : \_\_\_\_\_  
: \_\_\_\_\_  
Email : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Phone No. : \_\_\_\_\_

Designation : \_\_\_\_\_

Experience : \_\_\_\_\_

College/Hospital to which attached : \_\_\_\_\_

Teaching and / or Research Experience : \_\_\_\_\_

No. of Publications : \_\_\_\_\_

ASI Membership No. : \_\_\_\_\_  
(Specify the number of years standing in the A.S.I.)

Service to the Association : \_\_\_\_\_

Name of Centre/Hospital where he propose to take training : \_\_\_\_\_

Surgical Speciality/area of interest : \_\_\_\_\_

Duration of Fellowship : \_\_\_\_\_

Details of the ASI Awards/Fellowships received during the last 10 years

Place :

Date :

Signature of the Applicant.