

Applications are invited for 2 FOGSI Travelling Fellowships from members of affiliated Societies of FOGSI.

Qualifications and Requirements of the Applicant: (Without proof we will not accept your application)

- Applicant should be not more than 35 years of age (Proof of age should be submitted).
- Applicant should possess M.D. / M.S. (Obst & Gyn) or any equivalent qualification. (Certified true copy of the Certificate to be attached).

Fellowship: The amount of Fellowship is **Rs.25,000/- each**, during the year **2019** for the purpose of Observing / Studying specialized advance work in the field of Obstetrics & Gynaecology, in selected institutions in India. The duration of the fellowship will not be more than 6 weeks.

Last date for receiving your application will be July 31, 2019 (10 copies).

For the Application form and further details:

Format of the Form

FORM FOR APPLICATION FOR 'FOGSI - TRAVELLING FELLOWSHIP FOR THE YEAR 2015

- I 1) NAME :
- 2) ADDRESS :
- 3) AGE : 4) BIRTH DATE :
- II 1. Qualifications and any distinction or prizes in undergraduate or postgraduate examination :
2. Number of attempts at M.B.B.S. / M.S. (Obst & Gyn) or any equivalent qualification from Universities (1st, 2nd & 3rd) :
- III 1. Present appointment (Please furnish Proof) :
- IV 1. Previous posts held (Please furnish Proof) :
- V 1. Articles published (One reprint of each article must be sent) :
- a) Title b) Name of the Journal c) No. & Date of Journal Issue d) Co-Authors if Any
- VI 1. Articles under publication (True copy of letter of acceptance must be submitted) along

with short abstracts. :

VII 1. Papers read at the All India Obstetric & Gynaecological Congress (prizes received in any, please furnish the letter from Organising Secretary of the Congress about reading the paper):

VIII 1. Attendance at All India Obst & Gyn. Congress (Please furnish the letter of attendance from the Organising Secretary of the Congress). Number of Congress attended along with dates :

IX 1. Research done if any

X 1. Name of the Institution / Institutions and Hospitals and particular subjects in which candidate would like to work (Please give full details) :

XI 1. Any Additional Information

Name of 2 references along with addresses

Signature of the candidate

Date :

