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 2020 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, 2020 (in soft copy).

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:

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):

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: