

IAAPS RECOGNISED FELLOWSHIP

CANDIDATE'S APPLICATION FORM

(To be submitted by the Candidate to the Centre of choice, and not to the IAAPS Office)

NAME..... AGE SEX.....

ADDRESS.....

Email..... Phone Number.....

Educational Qualifications: MBBS Year..... Institute.....

MS Year..... Institute.....

MCh Year..... Institute.....

DNB Year..... Institute.....

Other Fellowships attended:

Aim of Practice: Academics/ Corporate/ Government Institutions/ Private Practice

Period of Fellowship Required:

Requirements: Stipend Yes/ No

Accommodation Yes/ No

Enclosures required

- a) M. Ch./ D. N. B. / Foreign Equivalent NMC recognised plastic surgery qualification certificate.
- b) Registration certificate of local Medical Council Registration (Can be submitted later after approval of Fellowship).
- c) IAAPS membership number
- d) Letter of recommendation from one member of IAAPS, excluding that from course director for the given fellowship.

Undertaking:

1. I shall abide by all rules, including of good ethical professional behaviour as prevalent at the Fellowship centre
2. I shall get a Medical Council Registration done before starting clinical work in the State of Fellowship
3. I shall submit all reports/ feedback/ experience report and any other documentation required before and after the Fellowship
4. I shall write a paper/ clinical study/ Research project in the peer reviewed IAAPS publications
5. I understand that this Fellowship does not take an exam nor in any way certify by the Centre or IAAPS, that the Candidate is fully trained, but only that he spent time in learning under an IAAPS Recognised Tutor and Centre.
6. I hereby agree to jointly and severally release, defend and hold harmless the Indian Association of Aesthetic Plastic Surgeons (IAAPS) from any claims, whether first-party or third-party claims, related in any fashion to the Fellowship or to the Fellow, including but not limited to claims related to hiring, employment, compensation, supervision and/or malpractice.

SIGNATURE