### FOGSI Travelling Fellowship (2 Awards)

**Qualifications and Requirements of the Applicant**:

* Should be FOGSI member.
* 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).
* Awardee will not be eligible to apply again.

**Fellowship:** The amount of Fellowship by bank transfer is **Rs.25,000/- each** 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. (soft copies).**

**Application form and further details:**

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| **Format of the Form** |
| FORM FOR APPLICATION FOR 'FOGSI - TRAVELLING FELLOWSHIP  |
| 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 : |