

## **FOGSI Travelling Fellowship (2 Awards)**

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### **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:**

**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 :