## 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 **2021** 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 in soft copy will be July 31, 2021.

For the Application form and further details:

T

1) NAME

## Format of the Form

FORM FOR APPLICATION FOR 'FOGSI - TRAVELLING FELLOWSHIP FOR THE YEAR  $2021\,$ 

1	1) 1\(\tau\).		
	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 VII 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 VIII 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:

