

Application Form for Fellowships

Urological Society of India (North Zone Chapter)

(Please fill up separate forms if applying for more than one fellowships)

INCOMPLETE FORMS WITH INCOMPLETE DOCUMENTS WILL BE REJECTED.

1. Application for (Please tick only one in one form):
- a) Horgobind Singh Memorial Travel Fellowship.
 - b) North Zone Travel Fellowship for Post-Graduates
 - c) MIUC Senior Member Travel Fellowship.
 - d) MIUC 2000 National Travel Fellowship.
 - e) Urology Quiz for Post Graduates.

2. Name of the Applicant:

3. Residential Address: Street/ Area

City State

Pin

4. Address for Correspondence: Street/ Area

City State

Pin

5. Email ID:

6. Phone No: () M:

7. Date of Birth:

8. Age as on the day of application:

9. NZUSI Membership Status: Full/ Associate

No:

Year of Becoming Member:

10. Name of the subspeciality the applicant is interested

(if applicable)

11. The name of the centre the applicant wishes to visit

12. Declaration by the applicant:

I hereby declare that, if selected, I agree to accept the above mentioned fellowship offered by the NZUSI and would abide by the rules & regulations in terms of centre of visit, time period, report submission to the Secretary and attending the inaugural function of the Annual Meeting of the NZUSI to receive the award etc. as laid down by the NZUSI.

Name of the Applicant

Place:

Signature of the Applicant

Date:

Enclosures:

1. Proof of date of birth if required
2. Letter from Head of the Department stating willingness to relieve from duty to avail the fellowship (if applicable)
3. Letter from the Head of the Department or any competent authority confirming the PG status (if applicablre)
4. Short CV of the applicant
5. Any Other