



# INDIAN ASSOCIATION OF ENDOCRINE SURGEONS

(A Section of the Association of Surgeons of India)

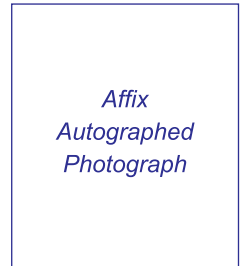
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## Application for Prof. Sarat Chandra Travelling Fellowship

Please refer to instructions before filling up the application form  
Please Type or Print in Capitals

1. Name : .....
2. a) Address (Permanent) : .....  
.....  
.....  
PIN.....Tel. No.....  
E-mail : .....
- b) Address for (Correspondence) : .....  
.....  
.....  
PIN.....Tel. No.....(Mobile).....
3. Date of Birth : .....
4. Medical Registration Number : .....State.....Year.....
5. Qualification :



Sl.No.	Degree / Diploma	University / Board	Year

6. ASI Membership Number - Full Annual / Full Life Member :
7. IAES Membership Number :

8. Membership of Medical Societies :

S.No.	Organisation	Membership No.	Year

9. Surgical Experience after Post graduation (in chronological order) :

S.No.	Designation	Institution	From	To

10. Awards / Honours :

S.No.	Awards	Year

11. Research / Experimental Work :

S.No.	Subject	Institution	Duration

12. Academic Achievements (Papers Presented / Published) :

S.No.	Subject	Journal	Year

13. Conferences Attended (Last Five Years) :

S.No.	Subject	Conference / Seminar	Year

Details of DD for Rs. 20,000/- enclosed : DD No.....

Bank.....

**DECLARATION BY THE APPLICANT**

I, Dr.....hereby declare that all the information above are correct.

Date :

Place :

Signature