

APSI-PSF International Scholar Program Application Form

A. Personal Particulars

1. Last name –
2. First Name –
3. Middle Name –
4. Date of Birth (DD/MM/YYYY) –
5. Nationality –
6. Current Position Held –

B. Office Address

1. House number –
2. Street/Locality
3. City –
4. State/Province –
5. Country –
6. ZIP/PIN Code –
7. E-mail –
8. Telephone – (Country Code-Area Code-Number)

C. Home Address

1. House number –
2. Street/Locality –
3. City –

4. State/Province –
5. Country –
6. ZIP/PIN Code –
7. E-mail –
8. Telephone – (Country Code-Area Code-Number)
9. Mobile – (Country Code-Number)

D. Address to be used for Correspondence – Office/Home

E. Academic Positions Held (Last three; most recent first)–

1. Institution -
2. Address -
3. Position held -
4. Duration (From-To)

1. Institution -
2. Address -
3. Position held -
4. Duration (From-To)

1. Institution -
2. Address -

3. Position held –
4. Duration (From-To)

F. Professional Education

1. Undergraduate (Medical School)
 - a. Institution
 - b. Address
 - c. Duration (From – To)
 - d. Degree Obtained
2. Post Graduation (Residency)
 - a. Institution
 - b. Address
 - c. Duration (From – To)
 - d. Degree Obtained
3. Plastic Surgery Training
 - a. Institution
 - b. Address
 - c. Duration (From – To)
 - d. Degree Obtained
4. Others (Fellowships/Specialty Training)
 - a.
 - b.
 - c.
 - d.

G. Honors and Awards

- 1.
- 2.
- 3.
- 4.
- 5.

H. Social/Charity Work

- 1.
- 2.
- 3.
- 4.
- 5.

I. Professional Memberships

J. Publications

K. Research Work/Theses

**L. Sub-specialty of Interest – Cleft-Craniofacial/Hand-Brachial
Plexus/Reconstructive/Microsurgery/Burns/Aesthetic**

M. Visits Abroad During Last Ten years

- 1.
- 2.
- 3.
- 4.
- 5.

N. Preferences of Host Institution (if any) –

- 1.
- 2.
- 3.
- 4.

O. Proposed Start and Finish Dates: (allow sufficient time after the expected date of the funding decision for you to complete travel, visa, and passport formalities)

P. Summary of the Fellowship project: (how it shall be useful for your practice and what you intend to achieve)

Please enclose the following along with a scanned copy of your completed application form and mail it to secretary.apsi@gmail.com and copy to info@apsi.org and singhkarun@hotmail.com

1. Letter of support from Head/Chairman /Director/Dean of your Department or Institution of your current employment
2. Letter of support from the President/Secretary/Office Bearer of the National Organization of the candidates specialty/sub-specialty
3. Letter of agreement from host center/supervisor , if available
4. Recent photograph

Please check the following box to indicate that you have read the Terms and Conditions of the International Scholar Program as enumerated on the website and agree to abide by the same.

Signature

Place/Date