



Application for KOA Fellowship

Paste your passport size photo here
(size less than 100 kb)

Please note:

1. This application is invited from KOA Life members.
2. Form should be filled only in CAPITALS except email.
3. Fill the form, paste the photograph and scan the whole form to be attached to below mentioned secretariat email. Attach all other relevant documents to the email.
4. Incomplete form or lack of relevant certificate(s) will be rejected. Any false information provided in the form would be the sole responsibility of the candidate and that would result in cancelation of the form.

Name:

Age: years Gender: Mobile Number:

Address:

City: State: Pincode:

Email:

Year of Passing postgraduation (MS/DNB/D'Orth): TCMC/KSMC Reg number:

Current Position/job with hospital/institution address:

Name, mobile number & email of application proposer:

Application Criterion

1. Member of KOA since: Life membership number:
2. Total experience in orthopaedics (years post PG): Experience in Subspeciality (Post PG): Years
3. Total Publications in indexed journal:

[Note: Check the guidelines for the publications. Attach the pdf copies of publication]

4. Award(s) in Orthopaedics: Yes/No *[Note: Please attach the scanned copy of award(s)]*
5. Attended past KOA/IOA meeting: Yes/No *(Note: Please attach the attendance certificate)*
6. Past experience in fellowship/observership in any Orthopaedic speciality: Yes/No
[Note: Please attach the attendance certificate]
7. Attended any Orthopaedic speciality course: Yes/No *[Note: Please attach the attendance certificate]*
8. *Please use separate sheet , if you need more space for providing details*

Signature of Applicant

Date:

Completed form along with photograph of applicant and all other attachments must be scanned and email to 'keralaortho@gmail.com' & drjiijo@gmail.com , with the Email Subject as: **KOA Fellowship Application**