

## **\*APPOS POSNA FELLOWSHIP 2016**

\* APPOS ( Asia Pacific Pediatric Orthopaedic Society) POSNA (Pediatric Orthopaedic Society of North America)

Active Members of APPOS aged 45 years or less and who have completed a paediatric orthopaedic fellowship are eligible to apply.

### **APPLICATION**

#### **ELIGIBILITY**

Applicant must be able to commit to a 15 day tour in 2016.

The tour is open to orthopaedists who are ACTIVE members of APPOS aged 45 or less and who have completed a paediatric orthopaedic fellowship.

#### **INSTRUCTIONS**

1. Send one (1) original copy of the cover letter, the application, and curriculum vitae by email to Dr. Ashok N. Johari, Chairman, Traveling Fellowship Committee, APPOS POSNA Fellowship at drashokjohari@yahoo.co.in. A recent 3" x 5" photograph must be attached to the application. **Your application must be forwarded by the President of your National Paediatric Orthopaedic Society or the National Orthopaedic Association, your sponsoring body.**
2. All application forms, cover letter, photo and curriculum vitae **MUST BE COMPLETED AND RECEIVED BY 15<sup>th</sup> January 2016**. Incomplete applications or those received after this date will not be considered.

#### **Print or Type**

1. Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Institution: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State & Zip Code, Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State Zip Code, Country: \_\_\_\_\_

Phone: \_\_\_\_\_

#### **II. Names and Addresses of your sponsor: (President of your National body)**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

III. Describe the areas of your special interests in Orthopaedics:

\_\_\_\_\_  
\_\_\_\_\_

IV. Graduate of College/University: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

V. Graduate of College/University: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

VI. POST GRADUATE EDUCATION (List Residency Rotations)

1<sup>st</sup> year \_\_\_\_\_  
(name and location)

From: \_\_\_\_\_ To: \_\_\_\_\_

2<sup>nd</sup> year \_\_\_\_\_  
(name and location)

From: \_\_\_\_\_ To: \_\_\_\_\_

3<sup>rd</sup> year \_\_\_\_\_  
(name and location)

From: \_\_\_\_\_ To: \_\_\_\_\_

4<sup>th</sup> year \_\_\_\_\_  
(name and location)

From: \_\_\_\_\_ To: \_\_\_\_\_

5<sup>th</sup> year \_\_\_\_\_  
(name and location)

From: \_\_\_\_\_ To: \_\_\_\_\_

VII. ADDITIONAL EDUCATION OR FELLOWSHIP

1. Type of Education or Fellowship:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Director and Location:

\_\_\_\_\_

Activity during Fellowship:

\_\_\_\_\_

\_\_\_\_\_

2. Type of Education or Fellowship:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Director and Location:  
\_\_\_\_\_

Activity during Fellowship:  
\_\_\_\_\_  
\_\_\_\_\_

VIII. MEMBER OF APPOS. Yes \_\_\_\_\_ - No \_\_\_\_\_ If yes, since when?

IX. TEACHING AFFILIATIONS (List in Chronological Order):

1. Name of Center: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Academic Title:  
\_\_\_\_\_

Academic and Teaching Responsibilities:  
\_\_\_\_\_

2. Name of Center: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Academic Title:  
\_\_\_\_\_

Academic and Teaching Responsibilities:  
\_\_\_\_\_

3. Others \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

X. INDEXED PUBLICATIONS, BOOK CHAPTERS etc.

XI. AWARDS, IF ANY

XI BRIEFLY DESCRIBE YOUR FUTURE CAREER PLANS