



INDIAN SOCIETY OF HIP & KNEE SURGEONS

(Regd. Charity at Mumbai, India - 2005) Regd. No. : E - 23526 (Mumbai)

Fellowship Application Form

Fellowship Specialty :

Adult hip and knee arthroplasty

About the fellowship :

Instituted by the ISKHS, It consists of exposure of the fellow to lower limb replacement surgery (primary, revision and complex) over a 4 week period.

Aims of the fellowship :

- Intensive exposure to hip and knee replacements both primary & Revision replacements.

Period of fellowship :

4 weeks

Eligibility criteria :

1. Statement of purpose (300 words)
2. Have to be full member of ISHKS
3. Brief CV highlighting qualifications, state / national medical board registrations, present position, past professional experience and academic experience
4. Proof of academic inclination publications and representations at national / regional level)
5. 2 referees

Responsibilities of the Fellow :

- Fellow will report to the concerned consultant and follow the rules of the programme set by ISHKS and the learning centre.
- At the end of the program the fellow will prepare a report and submit to the fellowship secretary. He may be asked to present his experience in the next meeting of ISHKS.

Responsibilities of the fellow

1. To abide by the rules of ISHKS
2. To follow the instructions at the centre of placement
3. To prepare and submit a report of the fellowship to the secretary
4. To attend the next conference of ISHKS to be awarded the certificate.

A panel of short listed candidates will be prepared and in case of difficulty in selection an interview may be required. Certificate of successful completion will be awarded to the fellow in the next conference.

Apply to: Dr Vijay Bose

Corresponding address:

Joint Reconstruction Group Chennai (JRGC)

Apollo Speciality Hospital, 320, Padma Complex

Anna Salai, Chennai 600 035, Tamilnadu, India.

Email: jrjc.ishks@gmail.com



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Personal details:

Name : _____ Age/Sex: _____ / _____

Address for communication: _____

Tel. Nos.: _____ (cell) _____ (res)

Email : _____

Professional details:

ISHKS Membership no.: _____ Year of membership: _____

Qualifications (MS/D Orth and later): _____ Year of passing University/Institution

1. _____

2. _____

3. _____

Present appointment (incl.designation): _____ Period (from-to) _____ Medical Institution

Past appointments (incl.designation): _____ Period (from-to) _____ Medical Institution

1. _____

2. _____

Exposure to joint replacement surgery in the past 2 years

	Assisted	Done	Special events
Knee replacement	_____	_____	_____
Hip replacement	_____	_____	_____

Academic achievements:

Publications

Title of publication	Journal	Publication date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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Presentations in the past 3 years:

Title of presentation	Academic event	Month & year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Special / other remarkable achievements:

1. _____	_____	_____
2. _____	_____	_____

Any specific dates of fellowship desired?

Can you leave for the fellowship at the date and time specified?

Arrangements made for travel, stay and sustenance (above the fellowship stipend)?

Any fellowships attended in the past 3 years?

Fellowship	Period (from-to)	Fellowship authority
_____	_____	_____

* Attach information on letterhead if provided space is inadequate.

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