



INDIAN SOCIETY OF HIP & KNEE SURGEONS

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

ISHKS Certified Arthroplasty Course – Application Form

A. Personal details:

Name : _____ Age/Sex: _____

DOB.: _____

Address for communication: _____

_____ Tel. Nos.: _____ (cell)

_____ (res) Email: _____

B. Professional details:

ISHKS Membership no.: _____ Year of membership: _____

Qualifications: Year of passing University/Institution

1 .MBBS: _____

2 .MS/DNB/D.ORTHO: _____

Registration No.(MBBS/MS): Date of Registration/Medical Council

1. MBBS: _____

2. MS/DNB/D.ORTHO: _____

Present appointments (incl.designation): **Period (from-to)** **Medical Institution**

1. _____

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



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C. Academic achievements:

Publications

Title of publication / journal / publication date

1 . _____

2 . _____

Presentations in the past 3 years:

Title of presentation

1 . _____

2 . _____

Special / Other remarkable achievements:

1 . _____

2 . _____

Any fellowships attended in the past 3 years?

Fellowship

Period (from-to)

Fellowship authority

* Attach information on letterhead if provided space is inadequate.

ENCLOSURE (Please attach all documents in soft copy as proof of credentials)

Application with duly filled form can be sent as email to secishks@gmail.com or May be sent in physical form to ISHKS Secretariat, at the following address

Dr. Leo Joseph

Consultant orthopedic surgeon

**Dr. Joseph's Ortho Clinic,
175, Yagappa Nagar, Pudukottai Road,
Thanjavur, Tamilnadu-613007, India**