



THE ASSOCIATION OF SURGEONS OF INDIA

Head Office

21, Swami Sivananda Salai, Chepauk, Chennai – 600 005. Ph: 044 25383459; 25381685; 25385584; 25367095. Email: asi@md5.vsnl.net.in; headoffice@asiindia.org Website: www.asiindia.org

APPLICATION FORM FOR THE FELLOWSHIP OF THE ASSOCIATION OF SURGEONS OF INDIA (FAIS)

Step 1: Personal Information

Name:

Sex:

Date of Birth:

Qualification:

Blood Group:

Email:

Affix Self Attested
Photograph

Which address below should ASI Professional
use as your primary contact address? Residential

Step 2: Professional Address:

Institution :

Titel / Department:

Mailing address:

City:

District:

State:

Pin Code:

Country:

Mobile Number:

Land Line Number:

Fax:

Step 3: Residential Address

Residential Address:

City:

District:

State:

Pin Code:

Country:

Mobile Number:

Land Line Number:

Fax:

Step 4: Medical Licensure

Registration Number & Date:

Name of the Registering Council:

Step 5: Education

College / University:

Medical Scholl:

Postgraduate Training:

Step 6: Are you member of the Association of Surgeons of India

Yes No

ASI Number

Annual Life Member

Step 7: Membership of Medical Societies

S.No	Organizations	Membership No	Year
1.			
2.			
3.			
4.			

Step 8: Surgical Experience after Post Graduation (in chronological order)

S.No	Designation	Institution	From	To
1.				
2.				
3.				
4.				

Step 9: Award / Honours

S.No	Awards	Year
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1.

2.

3.

4.

Step 10: Research / Experimental Work. Please begin with the most current

S.No	Subject	Institution	Duration
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1.

2.

3.

4.

Publications

S.No	Topic	Journal
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1.

2.

3.

4.

Step 11: Conference attended (Last five years). Please begin with the most current

S.NO	Subject	Conference / Seminar	Year
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1.

2.

3.

4.

Step 12: Declaration

I hereby declare that all the information given above is correct. I would like to apply for the Fellowship of Association of Surgeons of India (FAIS). I agree to abide by the rules and regulations of The Association of Surgeons of India as may be enacted from time to time.

First Name:

Place:

Date:

Signature

Recommended by 1. Dr.

ASI Membership No.

Date:

Signature

Recommended by 2. Dr.

ASI Membership No.

Date:

Signature

Recommendation should be done by two surgeons of not less than seven years standing of whom at least one should be a member of the Association of Surgeons of India. In case of surgeons living outside India, it is enough this recommendations is signed by any two surgeons.

Office use only:

Name of the Member:

Application Received on:

Details of Payment:

Documents: Complete / I Complete

Recommendation of FAIS Committee: Accepted / Deferred / Rejected

Final approval of Convenor of FAIS Committee: Yes / No

Admitted / Not Admitted:

(Approval of Hon. National Secretary)



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(Regd. No.20 of 1940 – 41 Under Tamilnadu Registration of Societies Act XXI of 1860)

RULES AND REGULATIONS OF THE FELLOWSHIP

This Fellowship is known as Fellowship of Association of Indian Surgeons (FAIS). This can be written as a suffix after the name of the Surgeon. It would be given to a practicing Surgeon of Indian origin who practices Surgery in India or anywhere in the world.

1. Surgeons holding recognized post-graduate degree Qualification in Surgery or Surgical Speciality will be eligible.
2. After obtaining post-graduate degree in Surgery he has to be in active practice for a minimum period of 5 years. Only Full Life members of the Association are eligible to apply for this Fellowship.
3. Fellowship fee for Surgeons in India and SAARC Countries will be Rs, 10,000/- or equivalent. Surgeons with FAIS will be eligible to participate in all scientific activities of ASI by paying registration fees.
4. Duly completed application has to be forwarded along with a Demand Draft of Rs. 10,000/- by Indian Surgeons and Surgeons in SAARC Countries and US \$ 500 for Surgeons outside India. The DD should be drawn in favor of "The Association of Surgeons of India" payable at Chennai. Application form should be sent along with the Xerox copy of Graduation Certificate and post-graduation Certificate and copies of other relevant Certificates.

Bank details for NEFT transfer:

Name of the Account: ASI – FAIS a/c

Bank: Bank of Baroda

Branch: Triplicane

SB A/C No: 0678 01 00 00 2259

IFSC Code: BARB0TIRUVA (Fifth character is Zero)

5. Final selection for the Fellowship candidate has to appear before the Credential Committee during December at ASICON Venue.
6. No exemption is given from appearing before the Credential Committee.

INSTRUCTIONS FOR FILLING UP APPLICATION

1. Fill all items in Chronological order.
2. Each items on the application form must be filled. If there are no details to be given, mention "Nil" or Not "Applicable" as the case may be.
3. Affix one autographed photograph in the place provided in page.1. Include one additional photograph for use in the FAIS attested photo copies of all relevant certificates.
4. Mention all medical qualifications in (item 5) including Fellowship from other professional bodies. Please attach attested photo copies of all relevant certificates.
5. Items 8 refers to all Surgical Experiences gained after Post Graduation.
6. Attach additional sheet were needed.
7. Enclose a DD for Rs. 10,000/- or Transfer the amount by NEFT and attach the acknowledgement.