



# INDIAN ASSOCIATION OF ENDOCRINE SURGEONS

(A Section of the Association of Surgeons of India)

Secretariat: Department of Endocrine Surgery, Shatabdi Hospital Phase-2, 7<sup>th</sup> floor  
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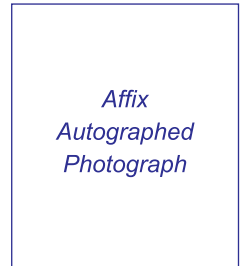


## Application for Fellowship of Indian Association of Endocrine Surgeons (FAES)

Please refer to instructions before filling up the application form

Please Type or Print in Capitals

1. Name : .....
2. a) Address : .....  
(Permanent) .....  
.....  
.....  
PIN.....Tel. No.....  
E-mail : .....
- b) Address for : .....  
(Correspondence) .....  
.....  
.....  
PIN.....Tel. No.....(Mobile).....
3. Date of Birth : .....
4. Medical Registration Number : .....State.....Year.....
5. Qualification :



Sl.No.	Degree / Diploma	University / Board	Year

6. ASI Membership Number - Full Annual / Full Life Member :

7. IAES Membership Number :

8. Membership of Medical Societies :

S.No.	Organisation	Membership No.	Year

9. Surgical Experience after Post graduation (in chronological order) :

S.No.	Designation	Institution	From	To

10. Awards / Honours :

S.No.	Awards	Year

11. Research / Experimental Work :

S.No.	Subject	Institution	Duration

12. Academic Achievements (Papers Presented / Published) :

S.No.	Subject	Journal	Year

13. Conferences Attended (Last Five Years) :

S.No.	Subject	Conference / Seminar	Year

Details of DD for Rs. 20,000/- enclosed : DD No.....

Bank.....

**DECLARATION BY THE APPLICANT**

I, Dr.....hereby declare that all the information above are correct. Would like to apply for Fellowship of Indian Association of Endocrine Surgeons (FAES). I agree to abide by the rules and regulation of Indian Association of Endocrine Surgeons as may be enacted from time to time.

Date :

Place :

Signature

## RECOMMENDATION FOR FELLOWSHIP (FAES)

Dr. .... is a practicing Surgeon for the last.....years.  
He is recommended for the award of Fellowship of Indian Association of Endocrine Surgeons (FAES).

1. Signature .....	2. Signature .....
Name .....	Name .....
Designation .....	Designation .....
ASI No. ....IAES No.....	ASI No. ....IAES No.....
Address .....	Address .....
.....	.....
.....	.....
.....	.....

Date : ..... Date : .....

\*Recommendation should be done only by two Surgeons of not less than five years standing. It is mandatory for the recommending Surgeons to be a member of both **ASI and IAES for a minimum period of three years**. In case of Surgeons living outside India, it is enough if this recommendation is signed by any two Surgeons.

### FOR OFFICE USE ONLY

Name : Dr.....	
Application received on : .....	
DD No. : .....Date.....Bank.....	
Documents : Complete / Incomplete	

Recommendation of the FAES Committee : Accepted / Deferred / Rejected.

Final Approval - Convenor, FAES Committee : Admitted / Not Admitted

Date : .....

Signature of Honorary Secretary  
Indian Association of Endocrine Surgeons