

**ISCP TRAVELLING FELLOWSHIP
APPLICATION FORM**

Photo

Name: _____
_____ DOB _____ Age _____

E_mail ID- _____ Mobile No. _____

Address (Permanent): _____

Office: _____

QUALIFICATION:- University Institute Year:

MBBS: _____

MS: _____

Additional Qualification: _____

Joining of ISCP (No.): _____ Fellowship of ISCP: Month _____ Year _____

Interest in Colorectal Surgery (Number of Years): _____

Publications & Presentations: _____

**THERE WILL BE THREE DESTINATIONS. AFTER SELECTION THE COMMITTEE WILL DECIDE THE CENTRES FOR
THE SELECTED CANDIDATE.****PLEASE ATTACH:** 1) Your C.V. 2) Your role of an active member for ISCP in future substantiate it, 4) You will have to present your attendance certificate, 5) Travel expenses after visit, 6) Then the Rs. 1,00,000/- will be released.**THE DECISION OF SELECTION COMMITTEE WILL BE FINAL****SUBMIT BEFORE 15TH JANUARY 2023**

The filled application form be sent to: Dr. L.D.Ladukar, MBBS, MS, (Hon. Secretary ISCP) Ladukar Surgical Hospital, Nagpur Road, Bramhapuri, At.Po. Ta. Bramhapuri, Distt- Chandrapur (MS) -441206, Mob. No.: 09422353085, Email ID- lladukar@gmail.com