



ISCP TRAVELLING FELLOWSHIP
APPLICATION FORM

Photo

Name: _____

DOB _____ Age _____

E_mail ID- _____ Mobile No. _____

Address (Permanent): _____

Office: _____

QUALIFICATIONS:- University Institute Year:

MBBS: _____

MS: _____

Additional Qualifications: _____

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 FEBRUARY 2024

The filled application form be sent to: Dr. L.D.Ladukar, MBBS, MS, (Hon. Secretary ISCP)

Mob. No.: 09422353085, Email ID- lladukar@gmail.com