

# **Application Form For Travelling Fellowship**

**(IAGES Travelling Fellowship for Members)**

## **Enter Your Personal Details**

- Name
- Date of Birth/Age
- Contact Address
- Phone No:
- Email ID
- IAGES No:

## **Details about Proposed Training**

- **Training centre**
  - Name
  - City
  - Address
- **Details of Trainer**
  - Name
  - Qualification
  - Position
  - IAGES member: **Yes/No**                      **If yes, IAGES No:**
- **Mention the Specialty/Purpose of Travelling fellowship**
  -
- **Duration: (minimum of 6 weeks)**
  - From
  - Until
- Mention briefly what the trainee would like to achieve during the travelling fellowship in his/her chosen centre (50 words)

**Authorizing letters to be enclosed for granting the traveling fellowship**

- From the Trainer
- From the Zonal IAGES Vice President

**Last date for application**

- 31<sup>st</sup> August every year

Application form should be sent to Hon secretary by mail, after duly filling the form with signature and attaching the soft copies of the documents required.

**For further details, please contact**

**Dr Satish Midha**

Hony Secretary IAGES

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