

Fellowship Form

Membership Details					
Salutation :	Dr.	Role :			
First Name :					
Address Line1 :					
Address Line2 :					
Address Line3 :					
Country :	India	State :		City Name :	
Pincode :					
Mobile No. :		Landline No.(Resi.) :		Landline No.(Clinic):	
Email Id :		Date of birth :		Gender	

Fellowship Detail					
Fellowship :			Since when are you a member of the IAS :		
Recommendation from at least 2 orthopaedic surgeons(who are IAS members for at least 3 years)					
Surgeon1 :		Surgeon2 :		Experiance :	
Reg. No.		Reg. Place		Present Appoinment :	
Hospital Affiliations :					
Special Interest in Aarthoscopy :					