



# NATIONAL HIP & KNEE ARTHROPLASTY FELLOWSHIP APPLICATION FORM (2-A)

SURNAME .....

GIVEN NAMES: .....

NATIONALITY: .....

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) Age .....

IDENTIFICATION NUMBER: .....

IDENTIFICATION TYPE: CNIC  PASSPORT   
(Tick Appropriate)

GENDER: MALE  FEMALE   
(Tick Appropriate)

MARITAL STATUS: SINGLE  MARRIED   
(Tick Appropriate)

PRIMARY MEDICAL QUALIFICATION: ..... YEAR: .....

POSTGRADUATE MEDICAL QUALIFICATION: 1: ..... YEAR: .....  
2: ..... YEAR: .....

PERMANENT ADDRESS: .....

P.O. BOX ..... CITY ..... COUNTRY .....

PHONE (RESIDENCE): ..... MOBILE NO. ....

PERSONAL E-Mail .....

PRESENT WORK INFORMATION .....

POSITION ..... SINCE .....

PHONE (OFFICE): ..... PHONE (CELLULAR): .....

FAX (OFFICE): ..... OFFICIAL E-Mail: .....

PREVIOUS 1. INSTITUTE ..... POSITION ..... FROM ..... TO .....

CLINICAL 2. INSTITUTE ..... POSITION ..... FROM ..... TO .....

EXPERIENCE 3. INSTITUTE ..... POSITION ..... FROM ..... TO .....

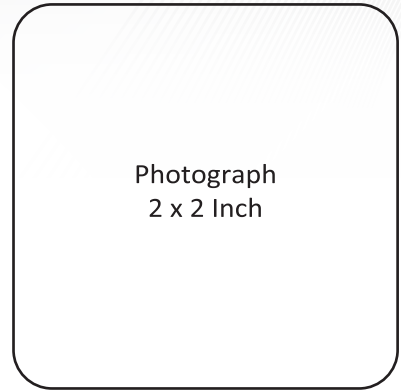
ARE YOU INVOLVED IN CLINICAL RESEARCH? (Tick Appropriate) YES  NO

IF YES PLEASE PROVIDE REFERENCES OF PUBLICATIONS BELOW:

(Include copies of Published Manuscript with form)

(Up to 5 Entries – Preference to be given to research work on Arthroplasty)

1. ....
2. ....
3. ....
4. ....
5. ....



WHAT RESEARCH TOPIC WOULD YOU PROPOSE AS COMPULSORY PART OF YOUR 6 MONTH FELLOWSHIP?  
(Give at least 2 Research Topics)

1. -----  
-----
2. -----  
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PLEASE PROVIDE DETAILS OF PAKISTAN ARTHROPLASTY SOCIETY WORKSHOPS/COURSES ATTENDED  
(Include Name of Event and Date of Attendance – Copy of Certificate to be attached with this Form)

1. Course: ----- Venue: ----- Date: -----
2. Course: ----- Venue: ----- Date: -----

WRITE DOWN 2 OBJECTIVES OF YOUR CLINICAL FELLOWSHIP: (Add Supplementary Sheet if Necessary)

1. -----  
-----
2. -----  
-----

REFERENCES:

1. NAME OF REFEREE: -----  
INSTITUTE: ----- POSITION: -----

SIGNATURE: ----- OFFICIAL STAMP: -----

2. NAME OF REFEREE: -----  
INSTITUTE: ----- POSITION: -----

SIGNATURE: ----- OFFICIAL STAMP: -----

I have read and understood the bylaws and guidelines of Pakistan Arthroplasty National Fellowship and accept hereby all conditions

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(SIGNATURE OF APPLICANT)

DATE: -----

**Please Enclose:**

1. Updated Curriculum Vitae
2. Attested Copies of
  - (a) Medical School Diploma
  - (b) Postgraduate Diploma(s)
  - (c) Identification Document (CNIC – For Pakistani Nationals, International Passport for Foreigners)
3. 3 Recent Passport Size photographs taken against white background (1 to affixed on page 1 of this form)
4. Letter of Sponsorship by your clinic – for sponsored fellows only
5. Letters of Recommendation by Referees named above
6. Copies of published manuscripts