



# Vascular Society of India

## APPLICATION FORM FOR VSI ARRANGED FELLOWSHIPS

1. Candidates Name:	First name	Middle Name	Last name
2. VSI Membership No:			
3. DOB:	Age:		
4. Contact Details:	Cell No	Email ID	
5. Residential Address:			
6. Work Address:			
7. Eligibility Criteria	Y/N	Y/N	Y/N
	Life Member of VSI >2yrs	No training Overseas so far	No VSI sponsorship so far
6. Reason for applying			
7. Choice of fellowship:	First choice	Second Choice	
8. Educational details:	Basic		
	PG		
	Others		
9. Training details:	PG		
	Vascular		
	Others		
10. Papers Published:	1 <sup>st</sup> author		
Indexed Journals	Coauthor		
11. Papers Published:	1 <sup>st</sup> author		
Non-Indexed Journals	Coauthor		
12. Chapters in Books:	Editor		
	1 <sup>st</sup> author		
	Coauthor		
13. Presentations:	International		
	National		
	State		
	Other		
13. Meetings attended:	VSICON	VSI Midterms	
14. Vascular Experience:	Y/N	Y/N	Y/N
	M.Ch. / DNB (Vascular)	Vascular Fellowship	Vascular Unit (>1 year)