



**ASSOCIATION OF CUTANEOUS SURGEONS (I)**  
Application for Training Fellowship



Name: .....

Qualification: ..... MCI Registration Number: .....

Year of passing MD/Diploma in Dermatology: .....

Name of College/University of PG qualification: .....

ACS(I) Membership No: .....

Postal Address: .....

.....

.....

Mobile: ..... Email: .....

Areas of interest:       Dermatosurgery       Aesthetics       Lasers

Fellowship Centre of choice:

Pune

Delhi

Chennai

Venkat Charnalaya, Bengaluru

CUTIS, Srinagar

I certify that the aforementioned statements made by me are correct to the best of my knowledge and belief.

Place:

Date:

Signature of candidate

1. The fellowship will be open to any Life Member of ACS(I) who is not working in the same institution as the Fellowship Centre.
2. The applicant must specify the Fellowship Centre that he or she intends to undergo training in.
3. Fellowships can be undertaken at any one of the following centres:
  - a. Pune - under Dr. Narendra Patwardhan and Dr. Sharad Mutalik
  - b. Delhi - at VMMC & Safdarjung Hospital under Dr. Niti Khunger
  - c. Bengaluru - at Venkat Charmalaya under Dr. Venkataram Mysore
  - d. Chennai - under Dr. Maya Vedamurthy
  - e. Srinagar - at CUTIS under Dr. Imran Majid
4. The awardee will be selected by a panel on the basis of merit and the possible utility of the training in the discharge of his or her duties.
5. The duration of training will be one month.
6. The Fellowship awardees must complete the fellowship within the stipulated time (one year from the date of approval) failing which they may not be considered for future fellowships through or from ACS(I).
7. The following have to be furnished to the ACS(I) National Secretariat after completion of the Fellowship training for issue of the Fellowship completion certificate:
  - a. Proof of fellowship training mentioning the period of fellowship duly signed by the concerned Fellowship Director(s)
  - b. Submission of a research paper to JCAS
  - c. Submission of a completed fellowship feedback form
  - d. Submission of a brief write-up of the experience of the training for publication in ACSIPEN