



PEOPLE TREE Arthroplasty Fellowship Application

Name _____ Sex _____

Date of Birth _____ Nationality _____

Educational Qualifications _____

Email _____ Mobile No. _____

Affix a
Recent
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Photograph

Examination	Name of the School / College & Place	Board / University	Years of Passing	% of Marks
MBBS				
DNB {Ortho}				
M.S {Ortho}				
Additional Qualification if any				

Current position / Appointment / Institution _____

Arthroplasty

	Performed by Yourself	Assisted
TKR / THR	/	/

Experience _____

Details of Presentations _____

Details of Publications _____

Why do you need this fellowship?
{Please explain how this fellowship is going to help you in about 150 words;
please use a separate sheet if necessary}

Signature of The Candidate _____

Place _____

Date _____