**Application form – Mentorship Program**

|  |
| --- |
| **Personal and Academic details**  |
| Name |  |
| Date of birth  |  |
| Age in completed years  |  |
| Correspondence email id |  |
| Correspondence address |  |
| Phone number  | HomeMobile |
| Status (Resident/Faculty in Medical College/Independent practicing consultant) |  |
| Membership number, years of membership of their respective society (Dermatology/ Plastic Surgery)  |  |
| Please tick on the Mentorship program you wish to apply for |  DERMATOSURGERYAESTHETICS |
| **Academic Details**  |
| Year of Passing MBBS/ Institution  |  |
| Postgraduate qualification (MD/ /Mch/DNB) / year of passing / institution  |  |
| Post qualification experience and current position  |  |
| **Details of congress** |  |
| Conference registration number \**Registration receipt to be attached/ if not yet registered please provide once you are registered – until we receive this we cannot grant the scholarship* |  |
| Upload proof of last 2 year’s Presentation and Publications(upto 10 allowed) |  |

**Checklist for submitting the Form:**

1. **Mentorship Form**
2. **Detailed CV including details of publication and Presentations at conferences – oral / poster.**
3. **Proof of last 2 years publications and Presentations at conferences – oral / poster.**
4. **Brief write why you should be given this opportunity and what is your motivation for receiving this mentorship – (Not more than 250 words)**