



INDIAN CHEST SOCIETY

APPLICATION FORMAT FOR AWARD OF FELLOWSHIP (FICS)

(Format can be downloaded at the ICS website. Application should be prepared with MS word.
One printed signed copy to be mailed along with a soft copy in CD or by email to The convener of
Credential Committee, ICS Fellowship programme)

Name of the Nominee:

Membership No.: **Date of Birth:**.....**Sex:**.....

Communication Address:

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1. Educational Qualifications:

| Medical Qualification | University/Institution | Qualifying Year |
|-----------------------|------------------------|-----------------|
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2. Teaching and/or Professional Experience to date

| Sr.No | Designation | Hospital | Period From - To |
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3. Publications enclosed

A. Number of Publications (Please provide a complete list in annexure for each group mentioned below)

| Type | Indexed Journals or Lung India | | Other Journals | |
|------------------------|--------------------------------|------------------|-------------------------------|------------------|
| | First or Corresponding Author | Other authorship | First or Corresponding Author | Other authorship |
| Original Research | | | | |
| Case reports | | | | |
| Reviews and Editorials | | | | |
| Letters and others | | | | |

B. Chapters in Books.

C. Books and Monographs

4. Awards of Professional Recognition (Specify the name(s) of the Award(s) with year)

5. Representation in International / National Organizations / Committees / Bodies / Institutions

6. Role in ICS/International Respiratory Societies with year(s) of serving

7. Any Other Information

8. Verification

I the undersigned, hereby affirm and declare that the information given above is true to the best of my knowledge and nothing has been concealed or overstated there-in. I further declare that I have never been indicted in professional/academic misconduct and no such complaints or proceedings are pending against me. I also understand that the ICS has the right to withdraw fellowship and take disciplinary action amounting to suspension/expulsion from the society if at any stage the claims made by me are found to be untrue or false.

Date:

(Signature of the applicant)