

ACS (I) FELLOWSHIP PROFORMA

- 1). **NAME** :
- 2). **DATE OF BIRTH** :
- 3). **QUALIFICATION (attach photocopy)**
MBBS :
- MD** :
- MCI registration number**
- 4). **YEAR OF PASSING** :
- 5). **NAME OF COLLEGE/ UNIVERSITY** :
- 6). **ACS (I) MEMBERSHIP NO WITH DATE** :
- 7). **ADDRESS** :
- 8). **Telephone / MOBILE / EMAIL** :
- 9). **AREA OF INTEREST IN**
DERMATOLOGIC SURGERY: aesthetics/lasers/cutaneous
surgery :
- 10). **RECOMMENDATION OF SENIOR ACS (I)**
MEMBER :

CERTIFICATE:

**I CERTIFY THAT THE STATEMENTS MADE BY ME IN THE
PROFORMA ARE CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF. I HEREBY ALSO GIVE AN**

**UNDERTAKING TO work and write ONE SCIENTIFIC PAPER
FOR JCAS –DURING THE PERIOD OF MY FELLOWSHIP.**

DATE:

Signature of candidate

FELLOWSHIP RULES AND REGULATIONS

All applicants should be members of ACSI

**1). DOCTORS WITH LESS THAN 3 YEARS OF SPECIALITY
EXPERIENCE are eligible for basic DERMATOSURGERY
TRAINING OF 1 MONTH**

**2). DOCTORS WITH MORE THAN 3 YEARS EXPERIENCE
and previous basic training are eligible FOR 3 MONTHS OF
advanced FELLOWSHIP TRAINING.**

**5). FELLOWSHIP TRAINING WILL BE AT ONE OF THE
FOLLOWING CENTRES**

**a) PUNE - DR N G PATWARDHAN and DR SHARAD
MUTALIK**

**b) BENGALURU - UNDER DR VENKATARAM
MYSORE at Venkat Charnalaya-centre for advanced dermatology
Bangalore**

**c) DELHI - UNDER DR NITI KHUNGER
CANDIDATES CAN SELECT ONE CENTRE OF THEIR CHOICE**

**3). FELLOWSHIP PROFORMA TO BE SUBMITTED TO THE
FOLLOWING BY email**

- a) Dr Venkataram Mysore : mysorevenkat@hotmail.com
- b) Dr Niti Khunger : drniti@rediffmail.com
- c) Dr Somesh Gupta : someshgupta@hotmail.com
- d) Dr NG Patwardhan : ngpatwardhan@gmail.com
- e) Dr Sharad Mutalik : sharadmatalik.skindoctor@gmail.com

- f) Dr(Lt Col) K S Dhillon : **secretary send hard copy ALSO
kanwarjit29@yahoo.co.in**