**APPLICATION FORM FOR ORAL CANCER**

The AOMSI offers competitive educational awards to advance your career.

**The Fellowship:** Provides an opportunity to gain experience at a centre of excellence in oral cancer management.

**Available to:** AOMSI MEMBERS ONE YEAR POST MDS

**Number of Fellowships**:

**Oral Oncology - 5centres**

(There may be a few more additional positions that may be available and this will be intimated shortly*).*

**Centers of Training:** Will be announced and intimated to you shortly

**Funding:** All Awards are paid. A monthly honorarium of Rs.25,000 /-

**Duration of the fellowship - 2years**

On completion of the award, a final report must be submitted to AOMSI within one month.

Candidates opting out of the program before completion will have to return the funds to the AOMSI.

**Eligibility**

Eligibility is based on the following criteria:

* A Member of the Association of Oral & Maxillofacial Surgeons of India
* Having successfully completed the MDS course from a college duly recognized by the DCI affiliated to a recognized university. (More than 1 year post MDS experience)

***Closing date for applying: 22 nc June, 2017***

**Process of selection: 1. Submission of Application and self-assessment forms by the candidate**

 **2. Onsite Screening test\***

 **3. Interview of shortlisted candidates\*\* selected on basis of the Screening test**

**4. Announcement of result on basis of total score according to weightage:**

 **a) Self-assessment: 10 marks**

 **b) Screening test: 50marks**

 **c) Interview: 40 marks**

**\*Screening test will be not be carried out if there are less than 5 applicants**

**\*\*No. of candidates for interview shall depend on the number of applicants; However it shall not exceed 10 times the number of awards available**

**Date of exam, interview and results – *27 June 2017*,**

**Venue for Screening test cum Interview: MAZUMDAR -SHAW CANCER CENTRE**

 **NARAYANA HEALTH CITY , 258/A**

 **BOMMASANDRA, HOSUR ROAD ,BANGALORE**

PLEASE NOTE: If your application is successful, the AOMSI will allocate the Centre for your training considering your preferences and availability. The decision of AOMSI shall be final.

SELECTED CANDIDATES NEED TO MEET THEIR PROGRAM DIRECTORS ON JULY 2 nd at BANGALORE.

CENTRES FOR TRAINING

1. **MAZUMDAR -SHAW CANCER CENTRE BANGALORE - Dr Moni Abraham Kuriakose**
2. **PARK CLINIC ,4 GORKY TERRACE KOLKATTA - Dr Saidul Islam**
3. **Dr Mathan mohan KARPAGAVINGAYAGA INSTITUTE OF MEDICAL AND DENTAL COLLEGE**
4. **SMC HOSPITAL NEAR SHANKU WATERPARK MEHSANA AHMEDABAD - Dr Nirav Trivedi**
5. **PATEL HOSPITAL JALANDHAR ,PUNJAB - Dr Shamit Chopra**

**Reports & Certificate**

Reports on the awards should be submitted to the AOMSI fellowship committee within one month of completion of the award. The Fellow will receive a Certificate of Completion of the Fellowship upon successfully finishing the program.

**For further information on FELLOWSHIP contact:**

 Dr. Pritham Shetty (+91 9008400200)

**AOMSI Fellowship Application form**

Passport size Photo (JPEG)

*Please use typescript or CAPITAL LETTERS when filling out this form*

**Choice of Fellowship stream** (Please tick): 1. Oral oncology

**Centre Preference:**

**SECTION 1: PERSONAL DETAILS**

Title (please circle): Mr/Mrs/ Miss ……………………. Surname …………………………. Forename (s)

Address:

Country: Postcode/zip:

Telephone: Mobile phone:

Email address:

DCI Registration No:

AOMSI Membership No:

**SECTION 2: ACAEDEMIC DETAILS**

Date of passing MDS final exam (dd/mm/ yyyy)

Institute & University:

Other relevant qualifications (please mention)

Please E mail the following as attachments along with the soft copy of the duly filled application form:

□ Brief Curriculum vitae (Soft copy)

* Recommendation letter from the H.O.D. where you completed M.D.S. (Scanned copy) or from the unit presently working

□ Duly filled **Self-assessment form** (Soft copy); Hard copies of all supporting documentary evidence to be presented at the time of interview)

□ Self attested copy of MDS mark sheet. (Scanned copy)

You may wish to also enclose a separate sheet (Microsoft word document) giving further information that you feel will support your application

**DECLARATION**

I, the applicant named above, confirm that the details provided in this form and the accompanying **Self-assessment form are** correct.

Signature: ……………………………..

Date……………....................

**Contact Details:**

Address:

E- mail:

Tele:

Mobile:

Fax:

All Information we hold concerning you as an individual will be held and processed by the AOMSI strictly CONFIDENTIALLY.

*Please e-mail the soft copy of the application form and the attachments to:* aomsifellowship@gmail.com