



# INDIAN ARTHROSCOPY SOCIETY

## Dr. Gopalakrishnan Fellowship Form

Salutation : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country : \_\_\_\_\_

State : \_\_\_\_\_

City Name : \_\_\_\_\_

Pincode : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Landline No.(Clinic): \_\_\_\_\_

Landline No.(Resi.) : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Gender : \_\_\_\_\_

Since when are you a member of the IAS : \_\_\_\_\_

**Recommendation from at least 2 orthopaedic surgeons(who are IAS members for at least 3 years)**

Surgeon1 : \_\_\_\_\_

Surgeon2 : \_\_\_\_\_

Experience: \_\_\_\_\_

Reg. No : \_\_\_\_\_

Reg. Place: \_\_\_\_\_

Present Appointment : \_\_\_\_\_

Hospital Affiliations : \_\_\_\_\_