



Indian Association of
Gastrointestinal Endo Surgeons

IAGES MENTORSHIP PROGRAMME CANDIDATE APPLICATION FORM

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1. Name:
2. Age:
3. Sex:
4. Address:
5. IAGES Membership Number:
6. Qualification:
 - a. MBBS: Year;
 - b. Institution:
 - c. Registration No_____.
 - d. Which State: _____Medical Council
 - e. MS/DNB: Year;
 - f. Institution:
 - g. Registration No_____.
 - h. Which State: _____Medical Council
 - i. Super speciality MS/DNB: Year; Institution:
 - j. Registration No_____.
 - k. Which State: _____Medical Council
 - l. FIAGES Year:
 - m. Place in which FIAGES Course was completed:
 - n. FALS Year:
 - o. FALS Speciality:
 - p. Place in which FALS Course was completed:
7. Institutional Affiliation:
8. Procedure / Speciality in which Training is needed:

9. Choice of Mentor / Center in which training is needed:

A.....

B.....

C.....

10. Duration of Training required:

11. Accommodation required: Yes/No

(Please note the availability / provision of accommodation in / off campus is on a real time availability status which may change time to time. The Mentor may or may not be able to assist you for the accommodation)

12. Credentials Enclosed:

- a. Proof of Identity and Address: (copy of Voter Id, Employer Id, Aadhar Card, Passport).....
- b. MBBS Degree (Yes /No)
- c. MBBS Registration Certificate(Yes /No)
- d. MS / DNB Degree (Yes /No)
- e. Additional Qualification Registration certificate(Yes /No)
- f. FNB/Diploma Degree(Yes /No)
- g. Additional Qualification Registration certificate(Yes /No)
- h. Super speciality MCh / DNB Degree(Yes /No)
- i. Additional Qualification Registration Certificate(Yes /No)

Undertaking:

I herewith apply for the mentorship program of the IAGES after understanding all the information with regard to the program. I am individually responsible for all the factual information submitted here. I am individually responsible for the

authenticity of the credentials and identity documentation submitted. I understand if at any point of time, it is noted there is a discrepancy of the information provided, the IAGES reserves its rights unconditionally for any disciplinary action be taken. I herewith undertake to submit the Mentorship Training Report on completion of the training.

Candidate Signature:

Date:

Place: