



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 and sent to the ICS Office in PDF Format within the last date of Submission)

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

2. Teaching and/or Professional Experience to date

Sr. No	Designation	Hospital	Period From - To

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	Other authorshi	First or Corresponding	Other authors
Original Research				
Case reports				
Reviews & Editorials				
Letters & 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)