



## INDIAN ASSOCIATION OF SURGEONS FOR SLEEP APNOEA

### Certified Training Program - Application form

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

Age/ Date of Birth: \_\_\_\_\_

Professional Qualification: \_\_\_\_\_

(with year and Institution) \_\_\_\_\_

Address for communication: \_\_\_\_\_

Tel. No. Office \_\_\_\_\_

Residence \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Present position: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

Notable Achievements: \_\_\_\_\_

Choice of Mentor/Center 1) \_\_\_\_\_

With preferred dates 2) \_\_\_\_\_

(Minimum 2 centres to 3) \_\_\_\_\_

be mentioned)

\_\_\_\_\_  
(Signature of the applicant with date)

#### **Instructions:**

- 1) Last date of submission is IASSACON 2019 (29/03/2019). Online submission can be done till 1 week prior to the last date. Online submission can be done in the above format at [iassa.ctp@gmail.com](mailto:iassa.ctp@gmail.com)
- 2) Please refer to website [www.iassa.in](http://www.iassa.in) for details
- 3) Kindly indicate your preferred dates for the training program. Dates should be preferably in two month slots such as Jan-Feb, Mar- Apr, May- Jun, Jul – Aug, Sep-Oct, Nov-Dec
- 4) Decision made by the selection committee will be final
- 5) All candidates need to attend the National IASSA conference for personal interview
- 6) Caution money as cash (Rs 10,000) needs to be deposited at the IASSA stall during the conference
- 7) For any details pls contact Dr. Rahul Modi - 9920237771

**For Office use only**

Center Allotted / Dates \_\_\_\_\_ / \_\_\_\_\_