**APPLICATION FORM**

 

The AOMSI offers competitive educational awards to advance your career.

**The Fellowship:** Provides an opportunity to gain experience at a centre of excellence in Orthognathic surgery and Maxillofacial trauma.

**Available to:** Individuals at an early stage in their career.

**Number of Fellowships**: TRAUMA-10

 ORTHOGNATHIC-3

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

**Centers of Training:**

**Funding:** All Awards are paid. A monthly honorarium of Rs.25,000 /- for the duration of the fellowship (1 year).

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. (less than 5 years post MDS experience)

***Closing date for applying: JULY 25 th August, 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: 200 marks**

 **b) Screening test: 200 marks**

 **c) Interview: 100 marks**

**\*Screening test will be not be carried out if there are less than 10 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 – 6 th  *August 2017*, Sunday**

**Venue for Screening test cum Interview: *D Y PATIL, NAVI MUMBAI* .**

**Written Exam timing 11-1 pm**

**Interview-2:30-4:30 pm**

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

**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 Vivekvardhan Reddy (+91 93399930125)

 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. Orthognathic Surgery

2. Maxillofacial Trauma

3. Applying for both: Write preference

**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 list):

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)

□ 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 (Candidates who have written their M.D.S exams and awaiting results may also apply). (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