



FCLS No. _____ MCLS No. _____
(To be allotted by the college)

International College of Laparoscopic Surgeons

(an Institute Established under the Aegis of College of Laparoscopic Surgeons Society Regd.)

Regd Off.: Room No. 5023, 5th Floor, Teaching Block,
Department of Surgical Disciplines, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029, India
Phone: +91-11-26594769, Fax: +91-11-26588324, Email: secretary.icls@gmail.com, Website: www.icls.org.in

Application Form

1. Categories of Membership

1. Member of The International College of Laparoscopic Surgeons (MCLS)

2. Fellow of The International College of Laparoscopic Surgeons (FCLS)

By Examination (6 Years) or

Post MCLS

By Examination (10 years)

Honorary (By invitation)

Please tick the category for which you want to apply

*Please ensure that you meet the eligibility criteria for the category that you are applying for to avoid rejection of your application

2. General Information of Applicant

NAME

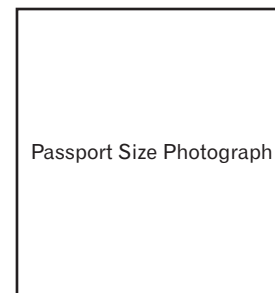
First : _____ Middle _____

Last : _____

SEX

Male _____ Female _____

DATE OF BIRTH : ____/____/____ (DD/MM/YYYY)



Attach another Photograph Separately

Address

Residential: _____

City _____ State _____ Country _____

PIN/ZIP/Postal code _____

Official : _____

City _____ State _____ Country _____

PIN/ZIP/Postal code _____

Preferred : Residential Official

CONTACT INFORMATION

Mobile : Country Code _____ Area Code _____ No. _____

Country Code _____ Area Code _____ No. _____

Office : Country Code _____ Area Code _____ No. _____

Country Code _____ Area Code _____ No. _____

Residence : Country Code _____ Area Code _____ No. _____

Country Code _____ Area Code _____ No. _____

Facsimile : Country Code _____ Area Code _____ No. _____

Email : _____

Preferred : Mob _____ Office _____ Resi _____

Email _____

3. Educational/Professional Details

	Institution/University	Month & Year of passing	% of age Marks obtained	Attempts	Remarks
MBBS					
MS					
DNB					
Mch					
PhD					
Others					
Others					

4. Details of Professional Experience

Number of years after Post-Graduation: _____

Chronological order of Appointments (starting with the latest):

S. No.	Institution	Designation	From	To	Duration
1.					
2.					
3.					
4.					
5.					
6.					

(Attach separate sheet if additional space reqd.)

5. Details of Laparoscopic Training/Experience

Total Number of years : _____

S. No.	Institution	Supervisor	From	To	Duration

- Please attach proof (Photocopy) of all Education Qualifications, Medical Registration (Licence, Professional Experience, Laparoscopic Training).
- Please add separate sheet if space in columns is inadequate.

6. Details of Research Experience (starting with the latest):

S. No.	Subject of Research	Institution	Duration	PI/Co-PI

Photocopies of certificates to be appended.

7. Publications (starting with the latest) (Please see the minimum requirements):

S. No.	Title with authors	Journal	Details (Year/Vol/Issue)

Photocopies of 5 best publications to be appended. (Attach separate sheet if additional in foundation)

8. Paper Presentations (starting with the latest):

S. No.	Title	Name of the Conference

Photocopies of certificates to be appended. (Attach separate sheet if additional in inadequate)

9. Details of payment (please tick the category)

Life (renewable after 10 years)	Non Members	Members of SELSI/ IHS
Membership (MCLS)	₹ 8,000/-	₹ 7,000/-
Fellowship (FCLS)	₹ 10,000/-	₹ 9,000/-

- Demand draft No. _____ dated _____ / _____ / _____ for Rupees _____, drawn on _____, _____ Branch favouring **“College of Laparoscopic Surgeons Society”**.
- SELSI _____ / IHS _____ Membership no. _____

10. Undertaking by the Candidate

I hereby declare that the details given above by me are correct to the best of my knowledge and belief. I undertake that if at any point in time, any information given above is found to be incorrect, my membership/fellowship if granted, is liable to be cancelled, and the fee paid by me forfeited.

I hereby undertake that I shall abide by the rules and regulations of the International College of Laparoscopic Surgeons.

Candidates Signature _____ Name _____ Date/ Place _____

Sponsor 1

Signature _____ Name _____ FCLS no. _____

SELSI/IHS No. _____

Sponsor 2

Signature _____ Name _____ FCLS no. _____

SELSI/IHS No. _____

Attach separate sheets if space in columns is inadequate

List of enclosures

- | | |
|----------|--------------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | Others _____ |
| 6. _____ | |

For office use only

- | | |
|--------------------------------------|---------------------------------|
| 1. Checked _____ | 6. Intimation date _____ |
| 2. Entered _____ | 7. Confirmation _____ |
| 3. Eligible _____ | 8. Certificate dispatched _____ |
| 4. Ineligible _____ | 9. Convocation date _____ |
| 5. Examination date and center _____ | 10. Intimation _____ |
| _____ | _____ |

Send the completed form to:

Dr Virinder Kumar Bansal, Secretary, International College of Laparoscopic Surgeons
 Room No. 5023, 5th Floor, Teaching Block, Department of Surgical Disciplines, All India Institute of Medical Sciences, Ansari Nagar,, New Delhi-110029, India
 Phone:+91-11-26594769, Fax: +91-11-26588324, Email: secretary.icls@gmail.com, Website: www.icls.org.in