



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

1. Category applied for:

- A) Member of the International College of Laparoscopic Surgeons (MCLS) ☐
- B) Fellow of The International College of Laparoscopic Surgeons (FCLS) ☐
- FCLS By Examination (6 Years) ☐
- FCLS By Examination (10 years) ☐
- FCLS (15 Years) ☐

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)

Passport Size
Photograph

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 Marksobtained	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 it 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/-

(Account Details for NEFT & RTGS)

- Account Number-32442384065
 - Account Name–College of Laparoscopic Surgeons Society
 - IFSCCode-SBIN0013913
 - Bank Name-State Bank of India
- 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_____FCLSno _____
SELSI/IHS No_____

Sponsor 2

Signature_____Name_____FCLSno _____
SELSI/IHS No_____

Attach separate sheets if space in columns is inadequate

List of enclosures

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____
7. _____

8. _____

9. _____

10. _____

Others_____

For office use only

1. Checked_____

2. Entered_____

3. Eligible_____

4. Ineligible_____

5. Examination date and center_____
6. Intimation date_____

7. Confirmation_____

8. Certificate dispatched_____

9. Convocation date_____

10. Intimation_____