

**Indian Fertility Society**

**Application form for IFS ART Fellowship for final examination**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_
3. Sex : Male/female
4. Spouse/Father Name
5. Address
	1. Postal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Permanent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone No. with STD Code (R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_ Email Address

1. Training centre :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name, designation, phone and email of course director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of joining\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Application to be sent to

**IFS Secretariat,** Dr. K.D. Nayar, Akanksha IVF Centre, A3/7 Janak Puri, New Delhi,India - 110058
E mail: indianfertilitysocietydelhi@gmail.com; Contact No.: 9899308083.

1. Copy of application to

Dr. Umesh N. Jindal, Jindal Clinics, SCO 21, Sector 20 D, Chandigarh -160020. Email: drunjindal@gmail.com, Contact No. 9876130501



***For Office Use***

Date of receipt of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature



***Acknowledgement***

Received with thanks the application form from Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature