

FORMAT

FOR ASSI TRAVELLING FELLOWSHIP 2024

PERSONAL DETAILS	
ASSI Membership No.	
Are you a Value-Added Annual	
Service (VAAS) member of ASSI	
– Yes / No	
Name	
Date of Birth	
Age	
Qualification	
- MS :	
- DNB :	
- Spine Fellowship:	
Additional Qualification	
Contact details	
Address	
Email id	
Job details	
ASSI RELATED ACTIVITIES (Provide certificates)	
ASSICON attended / year	
ICS Conferences attended / year	
Paper presentation in ASSICON	
Poster presentation in ASSICON	
ASSI Awards	



OTHER AWARDS	
Spine Publications in chronological order	
Book chapters	
Pub med Indexed Publications	
• Vancouver Style (only with	
PMID - mention whether first,	
second or third author etc)	
Non Pub med Indexed Publications	
Date of Issue	
Vancouver Style	
Non spine publications	
SPINE PRESENTATIONS – ORAL (should be the presenter/attach certificate)	
International	
National	
State	
SPINE PRESENTATIONS – POSTER (should be the presenter/attach certificate)	
International	
National	
State	
NON-SPINE PAPER AND POSTER PRESENTATIONS (attach certificate	
To add – how the fellowship would	
benefit you (100 words)	
To add 2 reference Names	