



**Application for for Applying for reference / Hosting centres status**

**Name:** \_\_\_\_\_

**Affiliated ASSI Member / Members :**

**No. of Beds:** \_\_\_\_\_

**No. Of Spine Surgeries done per year**

**Breakdown of type of spine surgeries ( Mention in percentage)**

**1. Degenerative**

**2. Deformity**

**3. Trauma**

**4. Tumor**

**5. Infection**

**Specialization in Spine Surgery –YES /No**

**Existing In Training Programmes :** \_\_\_\_\_

**University affiliation – Yes /No**

**Possibility of provision of accommodation to Fellow –Yes /No**

**No. of Faculty available at the Centre (along with experience in years)**

**No. of fellows that could be accepted in a year:** \_\_\_\_\_

**Any ongoing spine Fellowship program**

**Signature of Head of Institution**