



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, 5<sup>th</sup> 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)

### Choice of Examination Centre

1. Patiala 8<sup>th</sup> February 2020
1. Mumbai 21<sup>st</sup> February 2020

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)

#### 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 \_\_\_\_\_

Passport Size Photograph

Attach another Photograph Separately

### 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 \_\_\_\_\_ 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. _____ | 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  
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