INDIAN SOCIETY FOR VETERINARY SURGERY (ISVS)

Application Form for the Associate Fellow of ISVS (AFISVS)

(All the information is to be provided in typed form as per prescribed format only)

Details of application fee	
Amount	**Rs. 2,000/-(Two thousand rupees only)**
Bank Draft No.	
Name of bank & branch	
Date	

Passport Size Colour Photograph

1. Personal Details

a.	Name of the Applicant in full (BLOCK LETTERS)	
b.	Life Membership No. and year	
c.	Date of Birth (Proof to be attached)	
d.	Age as on last date of application	
e.	Gender	
f.	Domicile	
g.	Present Position/ Designation	
h.	Institution/ Organization	
i.	Corresponding Address with Pin Code	
j.	Residential Address with Pin Code	

	Mobile/ Telephone No.	
	E-mail	

2. Educational Qualification

Exam/ Degree	Institute/ Board/ University	Year	Subjects	OGPA	%age	Div.	Remarks
B.V.Sc. & A.H.							
M.V.Sc.							
Ph.D.							
Post- Doc							
NET							
Others							

3. Professional Experience* (Starting from the present one)

S. No.	Position/ Designation	Institute/ University/ Organization	Duration (From-To) with month & year	Nature of appointment Regular/ Ad-hoc/ Officiating

Enclose copies of appointment letter of each appointment

4. Academic/ Scientific/ Professional Activities

(Member Board of Studies/Chairman/ Member of International/ National Committee/ Task force/ Chairman/ Co-chairman/ Rapporteur of Technical Session; Office bearer of National/ International Professional Societies/ In-charge Section/ Member of Institutional Committees/ External Examiner/ Question Paper Setter/ Thesis Evaluator/ Leadership position in Teaching, Research and Extension programmes)

5. Research Activities

A. Research Projects Handled

S. No.	Title of the Project(s)	As PI/ Co-PI	Year/ Duration	Funding Agency	Financial Outlay

B. Research Guidance (As Major Advisor)

S. No.	Name and Regd. No. of the student	Name of the University awarding degree	Title of the Thesis	Degree (M.V.Sc./ Ph.D.)	Year of completion

6. Extension Activities (Surgical/ Clinical Outreach)

(Surgical Camps/ Clinical Camps/ Kisan Melas/ Pashu Mela / TV talks/ Radio talks etc)

S. No.	Extension Activity	Date(s)	Organizer	Venue

7. **Publications**

A. Research/ Clinical/ Review Articles (NAAS RATING: 5.0 and above)

List 10 most important research publications, in chronological and in bibliographic format. Please mention latest NAAS Rating (and Journal ID).			
S. No.	**Details of Publication**	**NAAS Rating (and Journal ID)**	**Number of Citations**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

B. Research/ Clinical/ Review Articles

For other Publications (excluding above best 10 articles)			
S. No.	**Details of Publication**	**NAAS Rating (and Journal ID)**	**Number of Citations**

Note: *Routine single case report article will be not considered.*
Three single clinical case reports as first, second or third author will be considered as a one publication.

C. Book Authored/ Edited

S. No.	Title of the Book	Authors	Publisher	Year of publications	ISBN/ ISSN No.

D. Book Chapter/ Monograph/ Technical Manual/ Teaching Manual

E. Invited Lecture/ Lead Paper in International/ National Conferences/ Symposium/ Seminar/ Training/ Workshop

8. Awards, Honours and Recognitions

(*List awards including, National awards instituted by Government of India, University medals (Gold Medal), Fellowships of National Academies, Patent granted/ Technology developed and commercialized, National/ University/ ISVS Awards/ Best Thesis Awards, Young Surgeon Award, Best Paper Presentation Award, Poster session Award etc.)*

S. No.	Name of the Award/ Honour	Nature of Award	Conferred By (Name of the Organization)	Year of Award

9. **Organization of Training/ Conference/ Symposium/ Seminar/ Workshop including ISVS**

S. No.	Details of the Conference/ Symposium/ Seminar/ Workshop/ Training/ CVE	Duration/ Date(s)	Venue	Funding Agency	Role as Organizing Secretary/ Course Director/ Co-organizing Secretary
a.	**Organization of Trainings/ Summer School/ Winter School/ Short Course**				
b.	**Organization of Conference/ Symposium/ Seminar/ Workshop**				

10. **Participation in Training/ Conference/ Symposium/ Seminar/ Workshopincluding ISVS**

S. No.	Details of the Conference/ Symposium/ Seminar/ Workshop/ Training/ CVE	Duration/ Date(s)	Venue	Funding Agency	National/ International
a.	**Participation in Training/ Summer School/ Winter School/ Short Course**				

b.	**Participation inConference/ Symposium/ Seminar/ Workshop**				

11. Office Bearer of ISVS

S. No.	Position Held	Period

12. Member of Editorial Board/ Reviewer

13. Surgical Skill/ Technique/ Instruments/ patents/ commercialization of technology
Summary about specialization /recognition supported by publications, links, videos etc. (Max. 200 words)
(Specialization in any of the surgical discipline viz., Veterinary Surgery, Anaesthesiology, Radiology & Imaging, Ophthalmology, Equine Surgery. Wild life etc./ Development and commercialization of new technology/new surgical technique / instrument of clinical use, patent obtained)

14. List of Certificates/Testimonials enclosed:

S. No.	Document/ Certificate	Enclosure No.

CERTIFICATE

I give my consent for considering my candidature for selection to the Associate Fellow of ISVS and certify that no vigilance/ disciplinary proceedings are pending against me and the information given in the form is correct.

Signature of the applicant