

KARNATAKA ORTHOPAEDIC ASSOCIATION



*LAST CALL FOR APPLICATION
FOR FELLOWSHIPS 2024-2025*

LAST DATE FOR SUBMISSION - 20TH MARCH 2024

FELLOWSHIPS OFFERED

- KOA- Prof. M. Shantaram Shetty International Advanced Trauma Fellowship
- KOA- BIOS(UK) Bisal Muddu International Travelling Fellowship
- KOA- Inland Fellowship(Skills Certification Program)



DR. DEEPAK SHIVANNA
PRESIDENT KOA



DR. BHARATH RAJU
SECRETARY
GENERAL, KOA



**DR. AVINASH
PARTHASARATHY**
CHAIRMAN, KOA
FELLOWSHIP
COMMITTEE



DR. MAHADEV JATTI
MEMBER
KOA FELLOWSHIP
COMMITTEE



DR. VIKRAM SHETTY
MEMBER
KOA FELLOWSHIP
COMMITTEE

CONTACT US

koa.fellowships@gmail.com

KOA PROF M SHANTARAM SHETTY INTERNATIONAL ADVANCED TRAUMA FELLOWSHIP APPLICATION FORM

Personal Information

Full Name:

Gender:

Date of Birth:

Age:

Current Address:

Contact Number:

Email Address:

Membership Information

KOA Membership Number:

IOA Membership Number:

AO Membership Number:

Education and Training

Have you completed AO Principles & Advances Courses? (Yes/No)

Work Experience

Number of years of work experience:

Articles Published/Submitted for Publication in JKOA journal/JOrTR:

Indexed Publications:

Previous International Trauma Exposure (> 1 month):

What are you looking forward through this fellowship program?. Objectives/
potential impact in your career/ patient care(around 150 words)

Supporting Documents: Please attach the following documents with your application:

- Curriculum Vitae (CV)
- Copies of educational certificates
- Experience certificate(s)
- AO course Certificate(s)
- Passport Size photograph

Declaration I hereby declare that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false information may result in the disqualification of my application.

Signature:

Date:

Karnataka Orthopedic Association Inland Fellowship Application Form

Personal Information:

Full Name: _____

Gender: _____ Date of Birth: _____

Email Address: _____

Contact Number: _____

Residential Address: _____

City: _____ State: _____

Pin Code: _____

Orthopedic Experience:

Current Designation: _____

Current Place of Work: _____

Years of Experience in Orthopedics: _____

Specialization/Subspecialization: _____

Fellowship Preference:

Please select the fellowship program you are applying for: (Inland Fellowship -tick one)

☐ Arthroplasty

☐ Arthroscopy

☐ Advanced orthopaedic trauma

☐ Spine

☐ Paediatric Orthopaedics

☐ Hand surgery

Supporting Documents: Please attach the following documents with your application:

- Curriculum Vitae (CV)
- Copies of educational certificates
- Experience certificate(s)
- Passport size photograph

Declaration: I hereby declare that the information provided by me in this application is true and correct to the best of my knowledge. I understand that any false information or misrepresentation may result in the rejection of my application or termination of my fellowship if selected.

Date: _____ Signature: _____

KOA BIOS (UK) BISAL MUDDU INTERNATIONAL TRAVELLING FELLOWSHIP APPLICATION FORM

Personal Information

Full Name:

Gender:

Date of Birth:

Age:

Nationality:

Current Address:

Contact Number:

Email Address:

Membership Information

IOA Membership Number:

KOA Membership Number:

Work Experience

Number of years of work experience in rural/private sector:

Articles Published/Submitted for Publication (national/state-level conferences/indexed journals/JKOA journal):

Have you had any previous international exposure for more than 1 month?

(Yes/No)

What are you looking forward through this fellowship program?. Objectives/
potential impact in your career/ patient care(around 150 words)

Supporting Documents: Please attach the following documents with your application:

- Curriculum Vitae (CV)
- Copies of educational certificates
- Experience certificate(s)
- Passport Size photograph

Declaration I hereby declare that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false information may result in the disqualification of my application.

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Date: