



ARTHROSCOPY ASSOCIATION UTTAR PRADESH

Fellowship Form

Fellowship applying for	No. of fellowships Available	Tick the fellowship applied for
AAUP West Bengal Exchange Fellowship	2	
AAUP Visiting Fellowship	2	

1. Name
2. Age / Date of Birth
3. Designation
4. Membership No. of AAUP
5. Membership No. of IAS (If member)
6. Qualification

Degree	Year of Passing / College / University
MBBS	
MS (Ortho) / D Ortho/DNB	

7. Number of conferences attended (Attach List)
AAUP / IAS / International
8. Number of papers personally presented at
AAUP / IAS / International (Attach List)
9. Number of articles published (Attach list with
Title, name of journal, page number & year)
10. Title of papers with abstract to be presented
11. Teaching / service / practice experience

12. Any other academic awards / activities /
Related information

Date.....

Signature

Address.....

Phone Number.....

Mobile.....

Email.....

Visit website **www.aaup.in** for more details & download fellowship application form
Send your applications forms with all relevant attachments to

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