

Indian Society of Nephrology
Post-Doctoral Fellowship Program
Application Form

Personal Information

Last Name:
First Name:
Gender: Male/Female
Date of Birth:
Email Address:
Mobile phone:
Indian Society of Nephrology Membership Number:
Completed DM/DNB Nephrology Training: Yes/No
If Yes, Year of Completion:

Home Institution Information (from where completed DM/DNB training)D

Home Institution:
Institution Address:
Home Mentor:
Home Mentor's Indian Society of Nephrology Membership Number:
Home Mentor's Email:

Home mentor's mobile phone:

Which Fellowship Program are you applying? (Tick Only One)

1. Transplantation- 6 months
2. Intervention Nephrology- 6 months
3. CAPD-3 months
4. Pediatric Nephrology- 6 months
5. Clinical Nephrology / Hemodialysis technology- 3 months
6. Critical care nephrology including POCUS -3 months

Background Information

- Please provide evidence that when you return to your home city, you will have the necessary resources available to practice what you have learned during the training (biopsies, transplantation, POCUS, critical care nephrology, etc).

- Have you applied to the Indian Society of Nephrology Fellowship Program previously?

- Yes
- No
- Did you receive an Indian Society of Nephrology Fellowship or any other grant in the past?
 - Yes
 - No
 Specify if yes:

- **Please describe your profile and what you expect from an Indian Society of Nephrology Fellowship (up to 300 words)**

What are your learning objectives?

Please name at least 3 learning objectives. Please make sure these objectives are focused and realistic given the proposed duration of the training.

The level of accomplishment of these objectives will be assessed by your Host Mentor in the “End-of-Training Report”, to be submitted to the Indian Society of Nephrology Fellowship Committee when you return home after the training.

1. _____
2. _____
3. _____
4. _____
5. _____

Training Plan:

Planned date to start training:

What is the primary focus of the training?

What is the secondary focus of the training?

Educational Qualification:

Graduate

| Degree | Institute/ University | Year of passing |
|--------|-----------------------|-----------------|
| | | |

Postgraduate

| Degree | Institute/ University | Year of passing |
|--------|-----------------------|-----------------|
| | | |
| | | |
| | | |

Any other Degree/ Qualification/Training/Courses:

Please briefly describe relevant post-graduate courses that you have undertaken previously

Liability Statement

I agree that the Indian Society of Nephrology cannot be held liable for any consequences related to any expenses/fees paid towards host institution. You and your relatives cannot hold Indian Society of Nephrology responsible in the case of untoward events or experiences.

Date:

Signature:

Guarantee to Submit the End-of-Training Report

I hereby formally certify that I will submit the end-of-training report to the Indian Society of Nephrology fellowship committee within 3 months after completing my training. Only upon approval of this report by the Fellowship Chairman will I receive a certificate.

Date:

Signature:

Guarantee to Acknowledge the Indian Society of Nephrology in Publications and Presentations

I hereby certify that I will acknowledge the Indian Society of Nephrology in all publications and presentations/posters resulting from the Fellowship, as requested in your Fellowship outcome letter, using the phrase *"This work has been made possible through my Indian Society of Nephrology funded Fellowship"*

Candidate's Name:

Signature

Date

Home mentor's Name:

Signature

Date