

ASIA PACIFIC VASCULAR SOCIETY

MEMBER/FELLOW APPLICATION

APPLICATION FOR (please check)

- Full Membership Honorary Fellow
 Associate Membership Fellowship
 Industry / Corporate Member



Photo

IMPORTANT NOTICE

Application will not be considered unless all sections are complete and all supporting documentation has been received by the Executive Committee.

PLEASE TYPE OR FILL

I. GENERAL INFORMATION

1. FULL NAME: _____ 2. D.O.B.: ____ / ____ / ____
LAST FIRST MIDDLE MONTH / DAY / YEAR

3. DESIGNATION (MD, DO, OTHER): _____ Gender: Male / Female

4. OFFICE ADDRESS:

HOSPITAL WORKPHONE WORKFAX

DEPARTMENT E-MAIL

STREET CITY STATE COUNTRY ZIP CODE

5. HOME ADDRESS:

HOME ADDRESS STREET

CITY STATE COUNTRY ZIP CODE

6. MAIL TO BE SENT TO (Check One) OFFICE HOME

II. EDUCATION

1. UNDER GRADUATE: _____ / ____ / ____
SCHOOL CITY STATE COUNTRY GRAD. DATE DEGREE

2. OTHER GRADUATION:
SCHOOL CITY STATE COUNTRY GRAD. DATE DEGREE

3. MEDICAL SCHOOLING:
SCHOOL CITY STATE COUNTRY GRAD. DATE DEGREE

III. PROFESSIONAL TRAINING

1. TYPE _____
PROGRAM FROM TO

HOSPITAL CITY STATE COUNTRY ZIP CODE

2. TYPE

PROGRAM FROM TO

HOSPITAL CITY COUNTRY STATE ZIP CODE

2a. SPECIALITY

PROGRAM FROM TO

HOSPITAL CITY COUNTRY STATE ZIP CODE

2b. SPECIALITY

PROGRAM FROM TO

HOSPITAL CITY COUNTRY STATE ZIP CODE

IV. FELLOWSHIP IN CARDIO VASCULAR & INTERVENTIONS

3a. SPECIALITY

PROGRAM FROM TO

HOSPITAL CITY COUNTRY STATE ZIP CODE

3b. PERCENT OF TIME SPENT: PERCENT VASCULAR/INTERVENTIONAL: PERCENT OTHER:

V. CERTIFICATE OF ADDED QUALIFICATION (not required for fellowship)

SPECIALTY DATE RECEIVED

VI. CURRENT MEDICAL LICENSURE

1.

STATE LICENSE NUMBER DATE OF CERTIFICATION

2.

STATE LICENSE NUMBER DATE OF CERTIFICATION

VII. CURRENT AND PAST PRACTICE ACTIVITIES

1.

HOSPITAL CITY,STATE COUNTRY TITLE HRS/W DATES FROM/TO

HOSPITAL	CITY,STATE	TITLE	HRS/W	DATES FROM/TO
HOSPITAL	CITY,STATE	TITLE	HRS/W	DATES FROM/TO
HOSPITAL	CITY,STATE	TITLE	HRS/W	DATES FROM/TO

2. PERCENT OF TIME SPENT: PERCENT VASCULAR/INTERVENTIONAL: PERCENT OTHER:

VIII. PROFESSIONAL SOCIETIES

1.

NAME OF SOCIETY	TYPES OF MEMBERSHIP/OFFICE	DATES FROM/TO
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NAME OF SOCIETY	TYPES OF MEMBERSHIP/OFFICE	DATES FROM/TO
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NAME OF SOCIETY	TYPES OF MEMBERSHIP/OFFICE	DATES FROM/TO
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- | | | | | | |
|-------------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| 2. MEMBER OF CSI? (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. MEMBER OF VSI? (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. MEMBER OF ICC? (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. MEMBER OF SCAI? (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. MEMBER OF ACC? (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. MEMBER OF ESC? (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. MEMBER OF ASVS (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 9. MEMBER OF ISES (Check one) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IX. OTHER QUALIFICATIONS

REMARKS CONCERNING SPECIAL QUALIFICATIONS OR RELEVANT DATA NOT INCLUDED IN ABOVE.

X. SPONERSHIP

FELLOWS ARE NOMINATED FROM THE ACTIVE MEMBERSHIP OF THE SOCIETY AND MUST BE IN GOOD STANDING IN THE SOCIETY FOR AT LEAST THREE YEARS. (IN EXCEPTIONAL CASES THEY MAY BE DIRECTLY NOMINATED)

LETTERS OF RECOMMENDATION ARE REQUIRED FROM TWO APVS FELLOWS IN GOOD STANDING (USE ATTACHED FORMS)

NAME OF FELLOW IN GOOD STANDING	YEAR APPLICANT BECAME A MEMBER OF APVS (MINIMUM 3 YEARS)
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APPLICANT FULFILLS WHICH OF THE THREE CRITERIA:

- AUTHOR OF AT LEAST FIVE (5) SIGNIFICANT PAPERS

- IS A PROGRAMME DIRECTOR OR CATH LAB DIRECTOR/ VASCULAR SURGERY
- HAS BEEN INVOLVED IN SUPERVISION/TRAINING OF RESIDENTS/FELLOWS
- CANDIDATE HAS BEEN AN EXCEPTIONAL LEADER

A. SHALL HAVE BEEN FIRST AUTHOR OF AT LEAST FIVE (5) SIGNIFICANT PAPERS ON VASCULAR INTERVENTIONS & MEDICINE WHICH WERE PUBLISHED IN PEER REVIEWED JOURNALS.

1. _____
 TITLE JOURNAL DATE

2. _____
 TITLE JOURNAL DATE

3. _____
 TITLE JOURNAL DATE

4. _____
 TITLE JOURNAL DATE

5. _____
 TITLE JOURNAL DATE

B. SHALL HAVE BEEN INVOLVED IN FULL SUPERVISION AND TRAINING OF RESIDENTS OR FELLOWS IN VASCULAR AND INTERVENTIONAL RADIOLOGY/RADIOLOGY/SURGERY. (PLEASE DOCUMENT THIS SERVICE BELOW – ALSO HAVE FELLOWS SUPPLY RECOMMENDATIONS ADDRESSING THIS TOPIC.)

MAKE SURE THAT YOU HAVE INCLUDED THE FOLLOWING WITH YOUR MEMBERSHIP FORM:

- (Please Check) CURRICULAM VITAE (300-400 Words) PHOTOCOPY OF YOUR POST GRADUATE/SUPERSPECIALTY CERTIFICATES

 SIGNATURE OF THE APPLICANT DATE

Membership Fees

Category	Yearly Membership		Life Membership	
	USD	INR	USD	INR
Honorary Member	-	-	-	-
Associate Member	\$50	1,000	\$100	3,000
Full Member	\$100	3,000	\$300	10,000
Fellowship	\$150	3,000	\$300	10,000
Industry / Corporate Member	\$200	5,000	\$500	20,000

PAYMENT

- **Axis Bank Acc. No.: 911010028201409 IFS Code: UTIB0001148**
- **Please make demand Draft in Favour of “Asia Pacific Vascular Society”**

Demand Draft No: _____ **Dated:** _____

Drawn on Bank: _____ **Branch:** _____

Amount: _____ **(Rs.)** _____

Correspondence Address

Dr. (Prof.) N. N. Khanna

MD, DM, MNAMS, FESC, FSCAI, FCCP, FAPSIC, FIMSA, FEISI, FICC, FIAMS

Secretary APVS

Sr. Consultant Interventional Cardiology & Vascular Interventions

Coordinator - Vascular Services

Advisor - Apollo Group of Hospitals Indraprastha Apollo Hospital

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