

AIOS COLLEGIUM - HONORARY FAICO

Photo

Honorary FAICO in _____ (Name of Specialty)

1. Name: _____ Age / Sex: _____

2. AIOS Membership No: _____

3. Address: _____

Contact No.: _____ Email: _____

4. Education Qualification: (Must hold allopathic qualification)

1. MBBS (year of Passing) : (Attach Proof) _____

2. MBBS, MD / MS / DO/ DNB: (Attach Proof) _____

5. Post graduation experience of at least 20 years in the concerned Speciality (Document attach)

6. Teaching Experience after post graduation (No. of Years): _____

7. Conferences attended (Attach List): _____

a. National

i. AIOS : _____

ii. State : _____

b. International: _____

8. Speaker / Chairman in Sessions (Attach List)

a. National

i. AIOS : _____

ii. State : _____

b. International: _____

9. Awards & Orations (Attach List)

a. National

i. AIOS: _____

ii. State: _____

b. International: _____

10. Publications (Attach List)

a. Index Journal: _____

b. Citation index: _____

c. Others: _____

11. Community Work: _____

12. Contribution to:

a. Ophthalmology: _____

b. AIOS & its activities: _____

Signature of applicant

Date: _____