

Application Form: Minimally Invasive Surgery Training Centre



MINIMALLY INVASIVE SURGERY TRAINING CENTRE

Department of Surgical Disciplines, Room No 5023, 5th Floor, Teaching Block
All India Institute of Medical Sciences, Ansari Nagar, New Delhi 10029, India
Website: www.aiimslaparoscopictrainingcentre.com

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(APPLICATION FORM)

Courses (Select the course)

- Training course in operative laparoscopy (10 seats in each course)
- Training course in laparoscopic suturing skills (6 seats in each course)
- Training course in laparoscopic colorectal surgery (6 seats in each course)
- Training course in laparoscopic hernia surgery (6 seats in each course)

Course fees

Indian Delegates- Rs. 8000/-, Indian Hernia Society Members/SELSI
Members: Rs 7000/- Overseas: USD 250\$, Postgraduate students: Rs 5000/-
(Certificate from Head of Department is mandatory)

- You can fill up the form online also.
- Space is limited and will be filled strictly on first come first basis.

Full Course calendar is available on our website.

Course dates

1st preference _____
2nd preference _____
3rd preference _____
4th preference _____

Personal Details:

Name _____
Qualification _____
Designation _____ Department _____
Institution _____

Correspondence Address _____

Phone _____ Mobile _____
Fax _____ Email _____

For Official Use

MISTC No. _____
Course Allotted _____
Confirmation sent _____ on date _____

www.aiimslaparoscopictrainingcentre.com

FOR HERNIA / COLORECTAL / SUTURING COURSE

1. How many laparoscopic procedure do you do per month
20/30/50/100/> 100
2. Which laparoscopic procedures you are doing at present

Laparoscopic cholecystectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic hernia repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic appendectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnostic laparoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic gynae procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic hepatobiliary procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic colorectal procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic upper G.I. procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Where did you get your basic Laparoscopic training?

4. Since how many years are you doing Laparoscopy
1 year / 2 years / 3 years / 5 years

5. Which type of set up you work/practice in

Own nursing home	<input type="checkbox"/>
Private hospital	<input type="checkbox"/>
Private multispeciality hospital	<input type="checkbox"/>
Medical college & hospital	<input type="checkbox"/>
Institute / corporate hospital	<input type="checkbox"/>

Name of hospital _____

Payment details

Amount Rs. _____

Draft No. _____ Dated _____

Drawn On _____

IHS/SELSI Membership No. _____

Payment :

All Payments by Demand Draft only in favour of
"MINIMALLY INVASIVE SURGERY TRAINING CENTRE" payable at New Delhi (India)

Date _____

Signature _____

The complete application form should be mailed to :

Dr. Virinder Kumar Bansal

Course Co-ordinator

Room No 5023, 5th Floor, Teaching Block,

Department of Surgical Disciplines

All Indian Institute of Medical Sciences, Ansari Nagar,

New Delhi-110029, India.

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