

# AGOI Gynaecological Oncology Fellowship Program

## Application Form

1) Name of Institution/ Hospital and Address:				
2) Name of Fellowship Program Director:				
3) Email and Contact Details:				
4) Details of teaching faculty:				
<b>Name</b>	<b>Qualification</b>	<b>Date of Qualification</b>	<b>Gynae Oncology Experience</b>	
5) Details of patient work load of past 1 year:				
<b>Site</b>	<b>New</b>	<b>Follow up</b>	<b>Total</b>	
Pre invasive				
Cervix				
Uterus				
Ovary/tubes/Peritoneum				
Vulva				
GTN				

6) Surgical facilities and procedures:		
<b>Procedure</b>	<b>Annual number</b>	
Colposcopy/ Leep		
Major surgeries (non radical)		
Radical surgeries		
Cervix		
Ovary		
Uterus		
Vulva		
Endoscopy		
Laparoscopy		
Robotic		
7) Availability of allied specialities		
<b>Specialities</b>	<b>In house</b>	<b>Referral centre</b>
Medical Oncology		
Radiation Oncology		
Palliative care		
8) Number of fellowships applied for		
9) Proposed duration of fellowship		
10) Proposed date of starting fellowship:		
11) Date and Signature with stamp of the program Director/ Head of the Institution.		

**Annexure:**

**Candidate Details:**

Name:	
Contact details: Email & Phone:	
Qualifications with year:	
Work experience with dates:	
Proposed fellowship duration:	
Start date :	
Payment details: <i>Cheque No. &amp; Dated</i> <i>/NEFT/RTGS</i>	

**Candidate:**

Signature & Date:

**Program Head:**

Signature & Date: