

FHNO Institutional Fellowship Application Form - 2023

This is the form the candidate needs to fill out to apply for FHNO Institutional Fellowship Batch 2023. We understand that you have gone thru all details regarding the rules and regulations of the fellowship before filling out the form and you agree to that. You can go to the website for details (<https://fhnofellowship.org/index.html>, <https://fhnofellowship.org/fhno-requirement-eligibility-for-candidate.html>, <https://fhnofellowship.org/fhno-selection-process-candidate.html>) or mail to fhnofellowship@gmail.com in case of any query. We understand that all the details provided in the form are true and you will be able to produce proof of the same if asked for. The fees submitted are non-refundable. The FHNO Institutional Fellowship committee reserves all rights.

* Required

1. Path Chosen *

please refer "<https://fhnofellowship.org/fhno-selection-process-candidate.html>" in case you want know more about path system

Mark only one oval.

- Path A
- Path B *Skip to question 3*

Path A Institutes

The candidate has to be proposed by the institute for this path

2. Name of the institute in case Path A is chosen *

Please choose your institute

Mark only one oval.

- Apollo Hospital Navi Mumbai, Sector - 23, Mumbai, Maharashtra
- CIMS Hospital Pvt Ltd, Ahmedabad
- B.L Kapur Memorial Hospital, New Delhi
- HCG Cancer Center, Ahmedabad
- HCG Cancer Centre, Baroda
- HCG Manavata Cancer Centre, Nashik
- HCG-ICS Khubchandani Cancer Center, Mumbai, Maharashtra

- Kailash Cancer Hospital and Research Centre, Muni Seva Ashram, Goraj
- Karnataka Cancer Therapy & Research Institute, Hubli
- Kasturba Medical College and Hospital, Manipal
- Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute, Mumbai
- Kovai Medical Center & Hospital, Coimbatore
- Mahatma Gandhi Cancer Hospital, Miraj
- ASTER Malabar Institute of Medical Sciences, Calicut
- Malabar Cancer Centre, Kannur, Kerala
- Max Superspecialty Hospital, Ghaziabad, Vaishali
- Mazumdar Shaw Medical Centre, Bangalore
- Medanta - the Medicity, Gururgram, Delhi
- Medica Superspecialty Hospital, Kolkata, West Bengal
- Nadkarni's 21st Century Hospital Pvt Ltd., Vapi, Gujarat
- National Cancer Institute, Nagpur
- Neeti Clinics Pvt. Ltd., Nagpur
- NM Virani Wockhardt Hospital, Rajkot
- Paras Cancer Centre, Patna
- Patel Hospital, Jalandhar
- Rajiv Gandhi Cancer Institute & Research Centre, Delhi
- Shanku Hospitals, Mahesana
- Shree Krishna Hospital, Karamsad, Gujarat
- SRJ CBCC Cancer Hospital, Indore, MP
- Sterling Hospital, Rajkot
- Vedant Hospital, Thane
- VPS Lakeshore Hospital and Research Centre, Ernakulam, Kerala
- Zydus Cancer Center, Ahmedabad, Gujarat

Individual Details

3. Your name *

4. Mobile number *

5. Permanent Address *

6. Date of birth *

Example: January 7, 2019

Current Work & Employment Status

7. Current Employment status *

Mark only one oval.

- Self employed / Private Practitioner *Skip to question 13*
- Pursuing Education / training (Observership, fellowship, etc)
- Working in Academic Institute
- Not working *Skip to question 13*

Details of Current Work & Employment Status

8. Current Employment status - Name of Post *

Please write your designation, Department and Institute of work, Time since joined same (Month and Year)

9. Current Employment status - Date since *

Example: January 7, 2019

10. Name of your current Employer / Head of Department / Mentor *

11. Contact number of your current Employer / Head of Department / Mentor *

12. email address of your current Employer / Head of Department / Mentor *

Education Qualification

13. Highest Primary Degree *

Mark only one oval.

- MS/DNB General Surgery
- MS/DNB/Diploma ENT
- MCh (HN Oncology / Plastic / Surgical Oncology)
- MDS

14. Month of Passing the mentioned Degree *

Mark only one oval.

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

15. Year of Passing the Mentioned Degree *

Number in 4 digit (ie. 2019)

16. Institute and University awarding the mentioned Degree *

Post PG Experience in HN/Oral Oncology

This section is about your post PG experience in HN/Oral Surgical oncology. It is one of the field which will carry marks.

17. Name of the first center *

Write Name of Center, City, State

18. Does Institute is Partner institute of FHNO Institutional Fellowship *

You can find list of FHNO Institutional Fellowship Partner Institutes on

<https://fhnofellowship.org/list-of-centers.html>

Mark only one oval.

Yes

No

19. Does the department where you worked run one of these courses? - MCh (Surgical Oncology / HN Surgical Oncology) / DNB (Surgical Oncology / HN Surgical Oncology)

Mark only one oval.

yes

No

20. Name of Primary Mentor *

Write full name with highest degree

21. From date *

Example: January 7, 2019

22. To date *

Example: January 7, 2019

23. Experience at more than one institute? *

Mark only one oval.

Yes

No Skip to question 47

Post PG Experience in HN/Oral Oncology (2)

This section is about your post PG experience in HN/Oral Surgical oncology. It is one of the field which will carry marks.

24. Name of the second center *

Write Name of Center, City, State

25. Does Institute is Partner institute of FHNO Institutional Fellowship *

You can find list of FHNO Institutional Fellowship Partner Institutes on <https://fhnofellowship.org/list-of-centers.html>

Mark only one oval.

Yes

No

26. Does the department where you worked run one of these courses? - MCh (Surgical Oncology / HN Surgical Oncology) / DNB (Surgical Oncology / HN Surgical Oncology)

Mark only one oval.

yes

No

27. Name of Primary Mentor *

Write full name with highest degree

28. From date *

Example: January 7, 2019

29. To date *

Example: January 7, 2019

30. Experience at more than two institutes? *

Mark only one oval.

Yes

No Skip to question 47

Post PG Experience in HN/Oral Oncology (3)

This section is about your post PG experience in HN/Oral Surgical oncology. It is one of the field which will carry marks.

31. Name of the third center *

Write Name of Center, City, State

32. Does Institute is Partner institute of FHNO Institutional Fellowship *

You can find list of FHNO Institutional Fellowship Partner Institutes on <https://fhnofellowship.org/list-of-centers.html>

Mark only one oval.

Yes

No

33. Does the department where you worked run one of these courses? - MCh (Surgical Oncology / HN Surgical Oncology) / DNB (Surgical Oncology / HN Surgical Oncology)

Mark only one oval.

yes

No

34. Name of Primary Mentor *

Write full name with highest degree

35. From date *

Example: January 7, 2019

36. To date *

Example: January 7, 2019

37. Experience at more than three institutes? *

Mark only one oval.

Yes

No Skip to question 47

Post PG Experience in HN/Oral Oncology (4)

This section is about your post PG experience in HN/Oral Surgical oncology. It is one of the field which will carry marks.

38. Name of the fourth center *

Write Name of Center, City, State

39. Does Institute is Partner institute of FHNO Institutional Fellowship *

You can find list of FHNO Institutional Fellowship Partner Institutes on <https://fhnofellowship.org/list-of-centers.html>

Mark only one oval.

Yes

No

40. Does the department where you worked run one of these courses? - MCh (Surgical Oncology / HN Surgical Oncology) / DNB (Surgical Oncology / HN Surgical Oncology)

Mark only one oval.

yes

No

41. Name of Primary Mentor *

Write full name with highest degree

42. From date *

Example: January 7, 2019

43. To date *

Example: January 7, 2019

44. Experience at more than four institutes? *

Mark only one oval.

Yes

No

Previous fellowship application attempts

45. Any previous attempts for FHNO fellowship? *

please provide relevant detail for unsuccessful previous attempts of applications

Mark only one oval.

yes, FHNO Institutional fellowship

yes, other FHNO fellowships

No

46. Please describe why the previous attempt was unsuccessful *
please explain in detail the reason in detail. Please write "NA" if not applicable

Publications

This section is about Journal Publications. Only publications where you can submit full text / online links will be considered.

47. Have you done publications? *

Mark only one oval.

- Yes
 No *Skip to question 57*

Publications in PubMed Indexed Journal

Please write details about your Publications. Please write publications which are PubMed indexed only.

48. Publications in PubMed Indexed Journal *

Mark only one oval.

- yes
 no *Skip to question 53*

Details of Publications in PubMed Indexed Journals

49. Do you have any "case report / Technique" published in a PubMed Indexed journal *

Mark only one oval.

Yes

No

50. Description of "Case Report / Technique" published in PubMed Indexed Journal (write NA none)

You can write more than one. write them with full citations (eg. "1. XYZ et al..., 2. ABC et al....")

51. Do you have any publications other than "case report / Technique" published in PubMed Indexed journal

Mark only one oval.

Yes

No

52. Description of Publication other than "Case Report / Technique" published in PubMed Indexed Journal (write NA if none)

You can write more than one. write them with full citations (eg. "1. XYZ et al..., 2. ABC et al....")

Details of Publications in Non-PubMed Indexed Journals

Please mention all eligible non-PubMed indexed publications

53. Do you have any "case report / Technique" published in an Non-PubMed Indexed journal

Mark only one oval.

Yes

No

54. Description of "Case Report / Technique" published in Non-PubMed Indexed Journal (write NA if none)

You can write more than one. write them with full citations (eg. "1. XYZ et al..., 2. ABC et al....")

55. Do you have any publications other than "case report / Technique" published in a Non-PubMed Indexed journal

Mark only one oval.

Yes

No

FOR SAMPLE ONLY

56. Description of Publication other than "Case Report / Technique" published in Non-PubMed Indexed Journal (write NA if none)

You can write more than one. write them with full citations (eg. "1. XYZ et al..., 2. ABC et al...")

Presentations

Please only mention presentations for which you can provide a certificate. Presentation without certificate will not be counted.

57. Have you done any presentations at conferences? *

Mark only one oval.

yes

No Skip to question 62

Description of Presentation

58. Podium Presentation at the Regional / National Conference? (write NA in none) *

Write Index, title of the presentation, Name of the conference, Date of Presentation.

59. Podium Presentation at International Conference? (write NA in none) *

Write Index, title of the presentation, Name of the conference, Date of Presentation.

60. Poster Presentation at the Regional / National Conference? (write NA in none) *

Write Index, title of the presentation, Name of the conference, Date of Presentation.

61. Poster Presentation at International Conference? (write NA in none) *

Write Index, title of the presentation, Name of the conference, Date of Presentation.

Award Section

Please only mention awards for which you can provide a certificate. Award without certificate will not be counted.

62. Have you received an award at a conference / other places? *

Award can be a best poster / best paper / Quiz / Academic awards / Medals

Mark only one oval.

Yes

No

63. Please describe your award (write NA if none) *

Write your award / awards (Index, Name of award, Description, year)

Post Graduate Thesis

64. Write title of your PG Thesis with brief description of the project *

Personal Statement

65. Personal statement indicating the purpose of requesting fellowship and how that will help you in your career growth

Attachments

This section is about separate attachments you need to provide with your application (as mail attachment to fhnofellowship@gmail.com)

66. Have you provided your CV *

Please provide brief CV with details pertinent to the fellowship

Check all that apply.

Yes

67. Have you provided soft copies of your degree certificate ? *

Please provide soft copy PDF of your highest educational degree

Check all that apply.

Yes

68. Have you provided soft copies of your experience certificates? *

Please provide certificates for all experience you have quoted in the form

Check all that apply.

yes

69. Have you provided your log of work *

Please provide detailed log of work Oncology you have performed during your experiences

Check all that apply.

Yes

70. Have you provided soft copies supporting your publications/presentations / Awards if declared in relevant fields in the form

Please attach them with a separate mail to fhnofellowship@gmail.com

Check all that apply.

Yes

71. Have your provided letter of recommendation *

Please attach them with a separate mail to fhnofellowship@gmail.com

Check all that apply.

Yes

72. Have you provided a copy of the transfer of application fees? *

Non-refundable amount : Rs 10,000. Account name: FOUNDATION FOR HEAD AND NECK ONCOLOGY, Kotak Mahindra Bank, B T M layout, Bangalore branch. Account no- 3014092405. IF :KKBK0008077. Please also send transaction details via email to Dr. Dushyant Mandlik, Treasure FHNO at fhnofellowship@gmail.com and fhno.office@gmail.com.

Check all that apply.

Yes

73. Declaration *

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize FHNO for sharing/ verification of the information furnished on this form. I have read all the terms and conditions regarding FHNO Head and Neck fellowship, and I agree to them. FHNO has all rights to decide the outcome of the application which will be final and abiding.

Check all that apply.

yes

FOR SAMPLE ONLY

FOR SAMPLE ONLY