

**Indian Fertility Society**

**Application form for IFS ART Fellowship for final examination**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_
3. Sex : Male/female
4. Spouse/Father Name
5. Address
   1. Postal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Permanent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone No. with STD Code (R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_ Email Address

1. Training centre :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name, designation, phone and email of course director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Date of joining\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Application to be sent to

**IFS Secretariat,** Dr. K.D. Nayar, Akanksha IVF Centre, A3/7 Janak Puri, New Delhi,India - 110058  
E mail: [indianfertilitysocietydelhi@gmail.com](mailto:indianfertilitysocietydelhi@gmail.com); Contact No.: 9899308083.

1. Copy of application to

Dr. Umesh N. Jindal, Jindal Clinics, SCO 21, Sector 20 D, Chandigarh -160020. Email: [drunjindal@gmail.com](mailto:drunjindal@gmail.com), Contact No. 9876130501



***For Office Use***

Date of receipt of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature



***Acknowledgement***

Received with thanks the application form from Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature