



INDIAN ASSOCIATION OF SURGEONS FOR SLEEP APNOEA
(Associate Society Member of World Sleep Society)
No 1, 1st Cross St, Off II Main Road, RA Puram, Chennai 600028, Tamil Nadu



Certified Training Program - Application Form

Name	: _____	<div style="border: 1px solid black; border-radius: 15px; width: 100%; height: 100%;"></div>
Age / Date of Birth	: _____ Sex : M / F	
Professional Qualification (PG)	: _____	
Institution	: _____	
Year of Completion	: _____	
IASSA Membership No.	: _____	
Address for Communication	: _____ _____ _____	
Tel. No.	Clinic : _____	
	Residence : _____	
	Mobile : _____	
E-mail ID	: _____	
Present position	: _____	
Area of Interest	: _____	
Notable Achievements	: _____	
Choice of Mentor/Center	1) _____ (Preferred month)	
	2) _____	
	3) _____	
Signature	: _____	
Date	: _____	

Instructions:

- 1) Please refer to website www.iassa.in for details
- 2) Completed application form to be emailed to iassa.ctp@gmail.com
- 3) Kindly indicate your preferred months for the training program - should be preferably in two month slots such as Jan - Feb, Mar - Apr, May - Jun, Jul - Aug, Sep - Oct, Nov - Dec.
- 4) All candidates need to attend the Annual IASSA conference / Mid-term conference for personal interview
- 5) Caution money Rs 10,000 needs to be deposited to the IASSA Account immediately after the interview
- 6) Decision made by the selection committee will be final

<u>For office use only</u>	
Center Allotted	: _____ Month : _____
Caution Money deposit	: _____
Caution Money refund	: _____
Signature in charge	