



# INDIAN ACADEMY OF OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY



## MENTORSHIP PROGRAM

EMAIL : [IAOHNS@GMAIL.COM](mailto:IAOHNS@GMAIL.COM) WEBSITE : [WWW.IAOHNS.IN](http://WWW.IAOHNS.IN)

### Application form

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Sex : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

Pincode : \_\_\_\_\_

Mobile : \_\_\_\_\_

E-mail : \_\_\_\_\_

Qualification : \_\_\_\_\_

State Medical Council : \_\_\_\_\_

Registration No : \_\_\_\_\_ Date of Registration : \_\_\_\_\_

IAOHNS Membership No : \_\_\_\_\_

Subspeciality of Interest : \_\_\_\_\_

### Mentor Details

Name of the Mentor and Institute (Please find details of the Mentors in [www.iaohns.in](http://www.iaohns.in))

Option 1 : \_\_\_\_\_

Option 2 : \_\_\_\_\_

Option 3 : \_\_\_\_\_

### Duration of Mentorship Training

3 months  6 months  \_\_\_\_\_

I declare that the above information is true to the best of my knowledge.

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

Kindly enclose

Curriculum vitae and One Latest passport size photo

The Application form duly filled along with enclosures should be sent through email to the secretariat

### **Head Office: Madras ENT Research Foundation (P) Ltd**

No.1, 1st Cross Street, Off II Main Road, Raja Annamalai Puram, Chennai - 600 028, Tamil Nadu, India.  
Ph : +91 44 2431 1411 - 1414 Fax : +91 44 2431 1416 URL : [www.iaohns.in](http://www.iaohns.in) Email : [iaohns@gmail.com](mailto:iaohns@gmail.com)