



MOVEMENT DISORDERS SOCIETY OF INDIA

Movement Disorders Society of India (FMDSI) Fellowship Application Form

Personal Information:

Name:

Age:

Address:

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RM Number:

E-mail:

Mobile:

Proposed by:

Name:

FM Number:

Seconded by:

Name:

FM Number:

Signature of the Applicant

Please submit your full CV with sections dedicated to the following:

1. Experience in Movement Disorders
2. Honors/awards/recognitions
3. Research (Funded/Nonfunded)
4. Publications related to Movement Disorders (Indexed/Impact factor/overall-H index)
5. Your contributions to growth of Movement Disorders specialty in India and Internationally
6. Your contributions to MDSI
7. Reasons why you consider yourself eligible for award of MDSI fellowship
8. Vision for Movement disorders in India and for MDSI
9. The CV of the proposer in 500 words