



CLINICAL OBSERVERSHIP APPLICATION FORM

YEAR _____

SUBSPECIALTY

**WORLD
SKULL BASE
FOUNDATION**

HOW TO APPLY

Please make one single set of the following

1. This application form
2. Your CV
3. KYC Documents
4. Copies of your education qualifications/certifications
5. Two letters of references: one each from your current professional superiors

CONTACT US AT

Call: +91 9090595908
Email: secretariat@wsb-foundation.org

Address:

WORLD SKULL BASE FOUNDATION
#14, KALPAVRIKSHA
1st Cross Road, 17th A Main,
5th Block Koramangala,
Bengaluru 560095
Karnataka, India

PHOTO

Paste Passport size photo here. Sign to the right. Please do not sign across the photo.

BASIC INFORMATION

Name:

Surname:

Age / Sex:

Married / Single:

Nationality:

Country of Residence:

Present mailing address:

Phone numbers:

Email:

EDUCATION

Medical School:

Masters

Name of College:

University:

Year of award of degree:

Any other degrees:

Fellowships:



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RULES & REGULATIONS

- The Clinical Observership Program is hosted by recognized WSBF centres of excellence.
- Duration: 1 to 12 months.
- The selected candidate will participate in all clinical activities of the centre including out-patient, in-patient, and surgical activities as an Observer from 8AM to 7PM daily.
- Selected candidate will be expected to take part in all on-going academic activities of the centre
- An MCQ type exam and viva will be conducted to merit awarding of the Observership.

PROFESSIONAL EXPERIENCE

Hospital / University:

PUBLICATIONS

Please fill in only PUBMED/SCOPUS indexed publications:

PLEASE NOTE

The Course Fee for the Clinical Observership Program is ₹10,000 / \$200 per month. No stipend is provided under this program.

All communications regarding Clinical Observership Program will be only through **secretariat@wsb-foundation.org**

Applications for Clinical Observership Program shall be entertained on a first-come-first-serve basis to the extent of the available seats.

OFFICE USE ONLY

Course Start Date:

