

# APPLICATION FORM

The Asian Society for Cardiovascular and Thoracic Surgery (ASCVTS)

**PH Hong Memorial Fellowship in Cardiac Surgery**

Name \_\_\_\_\_  
                    First name                      Second name                      Family name

Date of Birth            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_  
                                    Day                      Month                      Year

Gender            \_\_\_\_\_

Nationality \_\_\_\_\_

Home Address \_\_\_\_\_  
                                    \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
                                    City                                      Country                      ZIP

Current position \_\_\_\_\_

Office Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone            \_\_\_\_\_

Medical Licence \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_  
                                    Country                      date (DD-MM-YYYY)            Number

Education            (year) \_\_\_\_\_ (Graduate from) \_\_\_\_\_

Postgraduate education  
                    (year) \_\_\_\_\_ (position) \_\_\_\_\_  
                    \_\_\_\_\_  
                    \_\_\_\_\_  
                    \_\_\_\_\_

Board Certification  
                    (year) \_\_\_\_\_ (board name) \_\_\_\_\_  
                    (year) \_\_\_\_\_ (board name) \_\_\_\_\_

Honors and Awards

(year)\_\_\_\_\_ (name)\_\_\_\_\_

Purpose of application

Attach your recent photo taken within one year:

Bibliography

- 1.
- 2.