



PAKISTAN ENDOCRINE SOCIETY

PES Travel Grant Application Form

Thank you for applying for a travel bursary. This application process is competitive. Please type or complete legibly in BLOCK CAPITALS. Use additional blank pages if necessary.

Personal details

Last or Family Name	
Forename(s)/First Name(s)	
Date of Birth	
Correspondence address	Contact telephone number
	Email Address

Qualification details

Name and address of University/Medical School for your primary medical qualification:	Title of Qualification:
	Date started (dd/mm/yy):
	Date finished (dd/mm/yy):
	Date conferred (dd/mm/yy):

Name and address of awarding body for your postgraduate qualification (Not mandatory).	Title of Qualification:
	Date conferred (dd/mm/yy):

Employment history: current post

Name and address of employing hospital/institution:	Job Title & grade:
	Date started (dd/mm/yy):
Specialty:	
Name(s) of educational supervisor(s)	
Brief description of the content of training and experience gained (e.g. clinics attended, techniques learnt, on-call commitments, continuing care, ward rounds etc)	
Please give details of time spent on research and other non-clinical activities.	
What educational lectures/meetings do you attend?	Do you have educational responsibilities for other doctors or nurses? If yes please give details:

Employment history: previous appointments

Please list your past medical appointments. You should enter all dates in full and use additional blank sheets if necessary.				
From mm/yy	To mm/yy	Grade	Specialty	Hospital

Information regarding electives

Which hospital do u want to go for your electives? Reason for selecting the above

How will the conference and study tour benefit your career?

How did you hear about the travel grant ?

Final checklist and signature

Please ensure that you enclose all of the documentation requested. Failure to do so will result in the application is returned to you without assessment.

Completed reference form from your present supervising consultant
Curriculum Vitae (CV) – Please note that this must be no longer than three A4 pages

I confirm that the information I have provided in my application is correct and true. I understand that any false declaration in any part of the application may result in a refusal of the application.

Signature _____ Date _____

Please return the completed application pack with all supporting documents to the following e-mail address:

pakendo4@yahoo.com

Mail: P.O.Box 2177, Karachi- 74600, Pakistan

Last date of submission: 15th November' 2009.