**APPLICATION FORM**

(for accreditation cum affiliation)

|  |  |  |
| --- | --- | --- |
| 1. | NAME OF THE INSTITUTION |  |
| 2. | ADDRESS |  |
| 3. | CONTACT NUMBER |  |
| 4. | MOBILE NO: |  |
| 5. | EMAIL ID |  |
| 6. | WEBSITE |  |
| 7 | NAME, ADDRESS, CONTACT NO, EMAIL ID OF PROPRIETOR / COORDINATOR/ HEAD OF INSTITUTE / HEAD OF DEPARTMENT |  |
| 8 | REGISTRATION NO: |  |
| 9. | TYPE OF INSTITUTE( GOV/PRIVATE) |  |
| 10 | TYPE OF TRAINING |  |
| 11 | DURATION OF TRAINING |  |

I hereby declare the information provided in this form is true and correct

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over printed name Official designation Date

CRITERIA

1. The surgeon who runs the training program should be the full member of FRCSIT.
2. The membership should be renewed as of other members and accreditation will be valid till his/her membership is valid.
3. The membership fee and accreditation fee will be paid collectively.
4. During this COVID-19 pandemic this fee will be INR 30,000/-

 (5,000/-membership fee and 25,000/- accreditation fee).

BENEFITS OF ACCREDITATION

1. Usage of FRCSIT logo on certificates,banner, brochure,electronic media for limited period during the duration of fees paid year
2. Course recognition certificate to the Organisation conducting the program
3. Participants of the program to become associate members on fee payment
4. Advertisement of course on website, internal circulation and mailers
5. Program to be certified for its value to facial plastic surgery as a Premier Course after 5 yrs of successful running and receiving participants feedback