

## **The POSI – Prof. Kaye E. Wilkins Inland Travelling Fellowship**

**Purpose:** To stimulate a desire to specialize and to obtain training exposure in the field of Paediatric Orthopaedics among younger Orthopaedic surgeons, by providing mentorship at dedicated Paediatric Orthopaedic Centres in the country. **Two** fellowships are available every year. Candidates from SAARC countries are also eligible to apply for one of the fellowship positions.

### **Eligibility:**

1. Young orthopaedic surgeons (MS / DNB), less than 40 years of age at the time of last date for application
2. Proof of interest in the field of Paediatric Orthopaedics (either by way of designation, pursuit of academic fellowships, pursuit of a research work, research publication, or work in a department doing large volume of work, or even a possibly underserved area where such a person is likely to make a difference to the paediatric patients)

**Duration:** 4 - 6 weeks

**Place:** Candidates may note their choice from among the major Paediatric Orthopaedic centres in India upon which the availability will be confirmed. A full list of such centres will be provided to the applicant.

**Stipend:** Upon successful completion of the fellowship, the candidate will receive a sum of INR 20,000 and a certificate from POSI.

### **How do you apply?**

Eligible candidates should submit one copy of their Biodata and the application form in the prescribed format **electronically**, addressed to the Secretary POSI, clearly superscribing the application with "Application for the POSI – Prof. Kaye E. Wilkins Inland Travelling Fellowship". The application must carry a one page typed double-spaced statement of intent on why the candidate thinks he/she must be considered for the fellowship. The application must also be accompanied by two (2) letters of recommendation, one preferably from the Head of the Dept. where the candidate is working presently and one from a senior teacher or guide. No physical applications will be accepted.

**Last Date for receiving the application: 30<sup>th</sup> September** every year  
Successful candidates will be notified about their selection by 30<sup>th</sup> November

**Fellowship start date:** Immediately following the POSI Annual Conference and must be completed within the same year

### **Address for correspondence:**

#### **POSI Secretariat**

Dr. Sandeep Patwardhan  
Sancheti Institute for Orthopaedic & Rehabilitation,  
11/12 Thube Park, 16, Shivajinagar,  
Pune - 411005 Maharashtra, India  
Mob : +91 9823063989  
Email : secretary.posi.in@gmail.com

## **Pro-forma for application for POSI – Prof. Kaye E. Wilkins Travelling Fellowship**

Name

Father / Mother's Name

Age / Date of Birth (Proof to be attached)

Mailing Address

Landline No.

Cell No.

Email Address

POSI membership number (if a member)

Names of any two referees

(This is for transmission to the host centres for your introduction, if selected for the fellowship)

Academic qualifications

Year of passing Masters in Orthopaedics

Medals, Prizes and Awards:

In Orthopaedics

Others

Present appointment :

Nature and date of appointment

Number of orthopaedic beds

Teaching / non teaching

Specialized work

Research work

Publications and presentations

Past appointments :

Nature and dates of appointment and leaving

Number of orthopaedic beds

Teaching / non teaching

Specialized work

Research work

Publications and presentations

Participation in Social activities for the Welfare of children

Certification

I certify that all the information given by me is correct and also that I have not availed of another fellowship of POSI

Signature

### **Checklist**

- Biodata
- Proof of date of birth (certified copy)
- Application in the prescribed format
- Statement of Intent
- 2 recommendation letters

Dear fellowship applicant,

Please fill in the template with diligence and honesty. Proof of publications / presentations / conference attendances / fellowships completion may be requested.

**Please note that any falsification of data will result in immediate disqualification from the fellowship.**

1	Publications*	Number	Reference
	How many original articles do you have in PubMed indexed journals?		
	How many review articles do you have in PubMed indexed journals?		
	How many case-reports do you have in PubMed indexed journals?		
	Number of publications in non-PubMed indexed journals but covered in Google scholar.		
2	<b>Presentations related to <b>Pediatric Orthopaedics</b></b>		
	Number of podium presentations in international conferences**		
	Number of podium presentations in national conferences including POSICON		
	Number of podium presentations in zonal / state conferences		
	Number of poster presentations in international conferences		
	Number of poster presentations in national conferences		
	Number of poster presentations in zonal / state conferences		
3	In which month & year did you pass your MS (Ortho) / DNB exams?		
4	In how many research projects (ICMR, DBT, DST) have you participated?		
5	How many fellowships / observerships in Paediatric Orthopaedics have you done?		
	1 or more year duration		
	6 months - 11.9 months		
	3 months - 5.9 months		
	More than 6 weeks but less than 3 months		
6.	Have you applied for this fellowship in the past? If yes, in which year?		
7.	How many POSICONs have you attended? Please write the year.		
8.	Please write about why you want to apply for this fellowship. (< 500 words)		

\* Letter to the editors or commentary is not considered as publication. Publications should have been published offline or online by the last date of receiving application

\*\* Please consider national conference of country other than India or Conferences of International associations as International conference. Conferences like POSNA, EPOS, SICOT are considered as international conference.

Instructions:

For point 1, please write the full citation of your publications. Give separate number to each publication and mention the number in the last column of the table above.

For point 2, please write the title of your podium / poster presentation along with the name of conference, city where the conference was organized and the year of the conference.

For point 3, please attach your MS (ortho) and / or DNB (ortho) certificate.

For point 5, please attach the certificate.

For points 6 and 7, please mention the year / years.

For point 8, attach your letter of intent as a separate file.