



**MOVEMENT
DISORDERS**
SOCIETY OF INDIA



CALL FOR APPLICATIONS FOR VISITING NEUROLOGISTS PROGRAM (VN)

1.Name:

2.Date of Birth :

3.Gender:

4.Details for communication:

a.Postal address:

b.E-mail:

c.Mobile phone/WhatsApp:

5.MDSI Membership (Only neurologists with regular membership are eligible):

a.Date of joining MDSI:

b.Membership Number:

6.Date and place from where you obtained DM/Equivalent degree in Neurology:

7.Please provide following information on Fellowship training in Movement Disorders (MD) (Those who have done fellowship/training/observership/equivalent training outside India are not eligible):

a.Have you done any fellowship/observership/equivalent training in MD outside India?——
–Yes/No

b.Have you completed MD Fellowship in India/Currently pursuing MD fellowship in India (give details below)

Name of Center	Supervisor(s)	Date of joining	Date of completion	Comments if any



a. Did you attend any MDSICON? (only delegate/video presentation/paper presentation/awards/travel grants/faculty/others)?

[illegible]

b. Did you attend any online/virtual programs of MDSI (delegate/case presentation/others)?

[illegible]



**MOVEMENT
DISORDERS**
SOCIETY OF INDIA



CALL FOR APPLICATIONS FOR VISITING NEUROLOGISTS PROGRAM (VN)

10. Details of publications, if any (Please enlist in your CV):

Total number of publications	
Number of publications in Movement Disorders	
Number of publications in Annals of Movement Disorders	

11. Why do you want to avail VN ? (Give details below in 100 words):

12. What is your vision for MDSI and how will you contribute to MDSI? (Give details in 250 words).



**MOVEMENT
DISORDERS**
SOCIETY OF INDIA



CALL FOR APPLICATIONS FOR VISITING NEUROLOGISTS PROGRAM (VN)

13. Do you have a valid B1/B2 USA Visa ?

14. If you are selected for VN program, will you be able to obtain necessary permission/leave from your current employer, obtain required visa and avail the VN in this calendar year?

- a. Yes
- b. No
- c. Remarks if any

Please enclose with this application form:

- (1) Your detailed CV
- (2) Recommendation letter from a MDSI regular member or your Fellowship Program Director

Signature:

Name:

Date: