



**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/obervership/equivalent training outside India are not eligible):

a. Have you done any fellowship/obervership/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



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#### 8. Details of current employment:

## 9. Details of your involvement with MDSI:

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

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



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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).



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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: