

FACRSI

Examination Enrolment Form for FACRSI

Other Names in full: (Block Letter) Date of Birth: D D M M Y Y Y Y Gender: Male Female Address: Email: Telphone No. (Resi.): Clinic: Eligibility I. No.: III. ACRSI Membership No.: III. Attended ACRSI Annual Conference: Date: Venue: Venue: Qualifications: Degree University Year Present Job/Employment:	Surname of the Candidate:(Block Letter)		
Cell No.:	Other Names in full:		
Email: Cell No.: Telphone No. (Resi.): Clinic: Eligibility 1.	(Block Letter)	. —	
Email: Cell No.: Telphone No. (Resi.): Clinic: Eligibility I ASI	Date of Birth:	Gender: Male	Female
Telphone No. (Resi.): Clinic: Eligibility I. ASI Membership No.: III. ACRSI Membership No.: Date: Venue: Date: Venue: Qualifications: Venue: Degree University Year	Address:		
Telphone No. (Resi.): Clinic: Eligibility I. ASI Membership No.: III. ACRSI Membership No.: Date: Venue: Date: Venue: Qualifications: Venue: Degree University Year			
Eligibility I. ASI Membership No.: II. ACRSI Membership No.: III. Attended ACRSI Annual Conference: Date:Venue: IV. Attended ACRSI Fellowship Course: Date:Venue: Qualifications: Degree University Year	Email:	Cell No.:	
II. ACRSI Membership No.: III. Attended ACRSI Annual Conference: Date:Venue: IV. Attended ACRSI Fellowship Course: Date:Venue: Qualifications: Degree University Year	Telphone No. (Resi.):	Clinic:	
No.: III. Attended ACRSI Annual Conference: Date:Venue: IV. Attended ACRSI Fellowship Course: Date:Venue: Qualifications: Degree University Year	l.	_	Membership
Date:		ACRSI	Membership
IV. Attended ACRSI Fellowship Course: Date:	III.	Attended ACRSI Annual Conference:	
Date:	Date:Venue:		
Qualifications: Degree University Year	IV.	Attended ACRSI Fello	wship Course:
Degree University Year	Date:Venue:		
	Qualifications:		
Present Job/Employment:	Degree Univers	ity	Year
Present Job/Employment:			
	Present Job/Employment:		

Experience after Post Graduation:

Institution	Duration	Specialist with whom worked	Speciality
Logbook of experience main	ntained:	Yes No	(10 Marks)

Enclosures: Please tick

- 1. ASI Membership Certificate
- 2. ACRSI Membership Certificate
- 3. ACRSI Fellowship Course Attendance Certificate (applicable for those who have done previous course)
- 4. Demand Draft / NEFT Details of examination fee.
- 5. MS / DNB/ Degree Certificate

The completed hard and soft copy of application along with enclosures should be sent to: Convenor of the Fellowship Examination (FACRSI) Address can be obtained from the website

Dated:	Signature

Examination Pattern

FACRSI examination consists of 3 parts.

Part – I - MCQ and Short Answer Questions

- (90 mts. and 100 marks each.)

Part – II - Long Answer Question (100 marks)

Viva Voce (90marks)Log book (10 marks)

Part – III - Long and Short Cases (100 marks)

Note:

- 1. Examination is held immediately after the fellowship course in the month of April.
- 2. 50% marks are Minimum Pass Marks
- 3. One should qualify Part I to be eligible for Part –II and to be eligible for Part III, one should pass Part –II examination.
- 4. One is declared to have passed fellowship examination if he clears all the three parts.
- 5. Usually Part –I and Part –II are held on day 1. While as Part –III is held on day 2 and usually completed by afternoon depending on number of candidates.
- 6. Fellowship is awarded in the next convocation in Annual national conference ACRSICON usually held in the month of September.