

KOA Fellowship Directory

To be filled by fellows director/co-ordinators/ institutes offering orthopaedic fellowships

Email *

suraj.ortho@gmail.com

Orthopaedic Subspeciality *

- Arthroplasty
- Arthroscopy
- Hand and reconstructive microsurgery
- Paediatric Orthopaedics
- Limb reconstruction Surgery
- Spine Surgery
- Trauma
- Orthopaedics Oncology
- Other: _____

Fellowship Supervisor

write the name of the surgeon overseeing the fellowship program

*

Dr Pramod S. Chinder

Affiliated Insitute

with complete address

*

HCG Hospital
#8, P. Kalinga Rao Road
Sampangiram Nagar
Bangalore

contact email

*

suraj.ortho@gmail.com

contact phone number

9880553398

Duration of the program

in months

18

Recognised by any University?

yes

no

Eligibility criteria

*

MS ortho

DNB ortho

D Ortho

Other: _____

stipend provided?

yes

No

Accommodation provided?

yes

No

Application opening date?

MM DD YYYY

07 / 01 / 2022

Application closing date?

MM DD YYYY

08 / 01 / 2022

A number of positions/seats?

1

2

3

4

5

Additional details

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*

I understand

Flyer if available?

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