

## **Guidelines and criteria for UPOA Fellowships (2023)**

1. Only Associate and Life Members of UPOA, residing in UP, are eligible to apply
2. Last date for applications to be loaded via 'Google Document' is August 15, 2023.  
[https://docs.google.com/forms/d/e/1FAIpQLSc4gIMkXI8aXK8VnVxg7QTrbLS\\_2VUIJzFH58Cj9Z4dg8eTfw/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLSc4gIMkXI8aXK8VnVxg7QTrbLS_2VUIJzFH58Cj9Z4dg8eTfw/viewform?usp=pp_url)
3. After uploading the application via the link mentioned above, all attachments must be scanned in PDF format and sent via email, as a Zip File, to [upoaoffice@gmail.com](mailto:upoaoffice@gmail.com)
4. Attachments must include (in this specific order) and labelled as follows:
  - a) Attachment 1: Curriculum Vitae
  - b) Attachment 2: Passport page containing the photograph
  - c) Attachment 3: Degrees (D.Orth / MS / DNB / Other)
  - d) Attachment 4: First page of all publications in IJO / Indexed Orthopaedic Journals (for more than one label as 4a, 4b, 4c,.....)
  - e) Attachment 5: Certificates of paper presentation in State, National and International Conferences (label as 5a, 5b, 5c.....)
  - f) Attachment 6: Certificates of awards
  - g) Attachment 7: Certificates of Fellowships
5. A member will be selected for only one fellowship. Any member who has availed UPOA fellowship in the past three years, is not eligible to apply again.
6. Applicant can apply for a maximum of three fellowships at a time
7. For any clarification, send an email to **[upoaoffice@gmail.com](mailto:upoaoffice@gmail.com)** mentioning your full name, UPOA LM number, and cellphone number.
8. Communication only via e-mail will be entertained.
9. Any wrong information furnished will automatically disqualify the application.
10. The result will be uploaded to the UPOA website on September 30, 2023.

## **Annexure 2: Fellowship Details**

The Fellowship Program of the UPOA aims to improve surgical competency and enhance performance through short term assignments at centre of excellence through out the country and the Asia Pacific region.

The UPOA organizes the following annual fellowship program to enhance learning and improve outcomes for the younger surgeons of the UP region.

### **UPOA Travelling fellowship: (2)**

- i. Eligible Members of the Association below 40 years of age will be selected and sent to the Annual Conference of WBOA. A sum of Rs. 10000 (Ten Thousand) shall be paid to each fellow to cover the expenses.
- ii. The fellows will submit the report to the Secretary which will be published in the Journal. They will be given a certificate at the Inaugural function.

### **UPOA Visiting Fellowship: (2)**

- i. This fellowship shall be given (one from teaching group and one from non-teaching group) to eligible member of the Association below 45 years of age for teaching and below 50 years for non-teaching group.
- ii. The selected persons will be sent to centre of eminence in India for a duration of one week.
- iii. A sum of Rs. 10000 (Ten Thousand) shall be paid to each fellow to cover the expenses. iv. UPOA Visiting Fellowship for the non-teaching group has been named as Dr. Bholu Nath Memorial Visiting Fellowship and UPOA Visiting Fellowship for the teaching group has been named as Dr. A.N. Srivastava Memorial Visiting Fellowship.

### **Lucknow Pune Fellowship: (2)**

- i. Two selected fellows will be spending 10 days at the Sancheti Hospital, Pune.
- ii. Travel expenses of Rs 10000 shall be paid to each fellow to cover the expenses.

### **Varanasi Exchange Fellowship: (1)**

- i. The selected fellow will visit Ahmedabad during the visit of the Johnson & Johnson fellows.
- ii. He will be presented a certificate at the Inaugural function.
- iii. Travel expenses of Rs 10000 shall be paid to cover the expenses

### **Ghaziabad UPOA National Fellowship: (2)**

- i. Two selected fellows (one from a teaching institute & one from non teaching stream) will visit a center of eminence in India at a mutually agreeable date.
- ii. They will be presented a certificate at the Inaugural function.
- iii. A sum of Rs. 10,000/— (Ten Thousand) shall be paid to the fellows to cover the expenses.

### **Ghaziabad UPOA Foreign Fellowship: (2)**

- i. Two selected fellows (one from a teaching institute & one from non teaching stream) will visit an International Orthopaedic Center at a mutually agreeable date.
- ii. They will be presented a certificate at the Inaugural function.
- iii. A sum of Rs. 45,000/— (Forty five Thousand) shall be paid to the fellows to cover the expenses.

### **UPOA KGMU Paediatric Orthopaedics Fellowship: (2)**

Two selected Fellow will visit KGMU Paediatric Orthopaedics Department according to the time provided by HOD of unit.

### **Application Process**

1. Interested candidates are required to upload the applications on the Specified Google Document link, available on the UPOA website and provided in this form.
2. All relevant attachment should be scanned in PDF format and send as a ZIP file to the UPOA Secretary.
3. It is important to only send details of publications in 'indexed orthopaedic journals'
4. Selected candidates will have to comply with the time schedule of the fellowships. Those who are unable to do so, will be cancelled.
5. The specified sum will only be reimbursed after submission of the Fellowship report (in the prescribed format) to the UPOA Secretary.
6. The decision of the Fellowship Committee will be final and binding on all applicants.

### Annexure 3: Criteria for Selection

<b>Selection of fellowship</b>	<b>Criteria</b>	<b>Max</b>
Degree	MS	09
	D. Orth	05
Publications	JBJD (5 points per paper)	20
	IJO (8 points per paper)	16
	International (10 points)	10
Paper Presentation	UPORTHOCON (2 for each)	06
	Subspeciality (2 for each)	04
	IOACON (3 for each)	06
	International (3 for each)	03
Conferences attended	UPORTHOCON (1 for each)	03
	Subspeciality (1 for each)	03
	IOACON (2 for each)	06
	International (2 for each)	04
Academic awards		05
Fellowships		02
Experience	(1 for each year)	03
<b>TOTAL</b>		<b>100</b>

**Annexure: 4**

**Report of Fellowship**

**Name of Fellowship:**

**Details of Fellow**

Name:-
Address:-
Phone No:-
Email:-

**Details of Centre**

Name:-
Consultant Name:-
Address:-
Phone No:-
Email:-

**Centre of Fellowship:**

Date of Start:-

Date of Finish:-

Speciality:-

This is to certify that above mentioned fellow have completed his fellowship under my mentorship. He actively participated in the clinical activities during this period.

Signature of Mentor

Signature of fellow