



CHILDREN'S HEARTLINK FELLOWSHIPS IN PEDIATRIC CARDIAC SCIENCES

Application Form for 2018

Expected commencement date July 2018

Application deadline: May 31, 2018

Name: _____

Position: _____

Institution: _____

City, Country: _____

Phone: _____

Mobile: _____

WhatsApp Enabled: Yes / No _____

e-mail: _____

Postal Address: _____

Fellowship course applied for (Choose one below)

Pediatric Cardiac Surgery Pediatric Cardiac Intensive Care Pediatric Cardiology

Basic Qualifications (Undergraduate/Post graduate/Fellowship/other specialized training)

Year	Qualification/Degree	Institution

Details of registration in state/national medical council

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Names of Referees (Include two references who are familiar with you; one of the referees should be your current or most recent program director)

Name	Position and Affiliation	Email and phone number

Statement of Purpose

State in less than 200 words about why you would like to join the Children’s Heartlink fellowship and what are your specific long-term career goals

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Attachments, please send to Ms. Bistra Zheleva bistra@childrensheartlink.org by May 31, 2018

- 1) Detailed CV
- 2) Two letters of references

Contact for more information

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