

Application for GOLF OBSERVERSHIP Institution

Date of Application -

About the Institution -

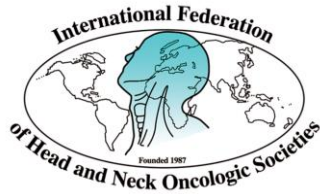
1. Name
2. Postal Address
3. Official email address
4. Website address
5. Type – Public Hospital / Private Hospital
6. Year of starting -

About the Leader of the Head and Neck Program

1. Name –
2. Specialty
3. Postal address
4. Email address

Please fill the questionnaire -

			Remark
1	Do you have a Head Neck Fellowship or degree program?	Yes / No	
2	How many candidates do you train every year?		
3	Do you charge students for offering training? If yes, please let us know the amount?		
4	Is your institution affiliated to any university? If yes, mention the name, postal address and website link		
5	What is number of new head neck cancer patients registered in a year in your institution?		
6	What is the number of major surgeries performed in your department in a year?		
7	Do you have Multi-Disciplinary Tumor Board ? If yes, how often?	Yes / No	
8	Is Head Neck service a separate service or part of overall surgical Oncology department		
9	How many surgical faculties are there for head neck cancers?		
10	How many radiation oncology faculties are there for head neck cancers?		
11	How many medical oncology faculties are there for head neck cancers?		



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12	How many publications does your institution have in indexed journals in last 5 years?		
13	Give us details of 5 of the most cited papers from your service		
14	Is your institution a member of a national or international consortium? Please give us a list of them		
15	Do you have rehabilitation and physiotherapy services?	Yes / No	
16	Do you have lab facility for translational research?	Yes / No	
17	Do you observe world head neck cancer day on 27 th July every year? If so, what activities have you conducted last year?		
18	What facilities can you offer to GOLF candidates ? a. No tuition Fees / Subsidized tuition fees b. Free accommodation / subsidized accommodation c. Free meals / Meals at a discount		
19	Are you willing to personally 'Mentor' the GOLF candidate during his / her one month observership at your site?	Yes / No	

Details of the applicant –

Name -

Designation -

Email address -