

College of Surgeons of East, Central and Southern Africa  
 Fellowship Examination FCS Application Form

Name in Capitals (underline surname).....

.....Training number.....

Address.....

Telephone..... fax..... email.....@.....

I wish to apply for the fellowship examination in .....

on.....(day).....(month) 200.....

I understand that the written part of the examination will be held in my country and that the exact time and place will be given to me later. I understand that if I am successful in this part I may have to travel to another country in the region for the oral and clinical parts of the exam. I understand that transport to and from the examinations and accommodation is my own responsibility. I understand that I should bring my logbook to all exams

Date of medical qualification (eg MBBS).....

Fellowship Training Posts

Post (specialty) and hospital name	Trainers name	Start date	Finish date

Signed..... date .....

Keep this form in your logbook, send a copy to your country training coordinator and a copy by fax or email to:

COSECSA Examination Dept, PO Box 1009, Arusha, Tanzania.

Fax (+ 255) 27 2504125 email cosecsa@crhcs.or.tz

Please also send \$250 examination registration fee to the COSECSA bank account in Arusha