

ISOT TRANSPLANT INFECTIOUS DISEASES FELLOWSHIP PROGRAM

Name of Hospital:

Address of Hospital:

Bed Capacity of Hospital:

Information about Faculty

Name of Faculty (Guide) along with designation

Name of Other faculty (Co- guide) along with designation

Types of Transplants being performed: Liver/Kidney/Pancreas/Lungs/Heart/Intestine/Composite tissue/others

Kindly fill this form and send it to ISOT Secretary on isotsecretary@gmail.com before the deadline as mentioned in the curriculum