

**WSES Fellowship on  
Gastrointestinal Emergencies and Robotic Surgery**



## Application Form

### Personal Details

Name :

Date of Birth :

Nationality :

Language(s) spoken :

E-mail address :

Private address :

### Professional Qualifications

University awarding medical degree :

Date of gradation :

University / Hospital of residency :

Year of residency :

WSES member ?  Yes  No

WSES Fellowship period :

1 November 20\_\_ - 1 May 20\_\_

1 May 20\_\_ - 1 November 20\_\_