LTSI FELLOWSHIP CENTRE APPLICATION FORM

LIVER TRANSPLANTATION SOCIETY OF INDIA, (LTSI)

GENERAL INFORMATION

APPLICATION FOR: Surgery / Hepatology / Anaesthesia / Liver Critical care Fellowship

(Encircle one)

NUMBER OF FELLOWSHIP POSITIONS APPLIED FOR (per year): One / Two

(Encircle one)

CENTER NAME: _____

CENTER ADDRESS: _____

REGISTERED WITH THE ILTR AND CONTRIBUTING DATA: YES / NO

(Encircle one)

FACULTY & MENTORSHIP

HEAD AND CHIEF MENTOR OF THE PROGRAM: _____

LTSI MEMBERSHIP NUMBER OF HEAD AND CHIEF MENTOR: _____

OTHER SENIOR FACULTY OF THE TEAM WITH RESPECTIVE LTSI MEMBERSHIP NUMBERS:

_____

_____

CENTER PERFORMANCE DATA

CENTER PERFORMING LIVER TRANSPLANTATION SINCE (year): _____

CATEGORY OF TRANSPLANT	2023	2024	2025
TOTAL NUMBER OF LT'S PERFORMED			
TOTAL NUMBER OF LDLT'S PERFORMED			
TOTAL NUMBER OF DDLT'S PERFORMED			
TOTAL NUMBER OF PEDIATRIC TRANSPLANTS PERFORMED			

Total number of non-transplant hepatology patients admitted to the ICU (ALF, ACLF, CLD):
2023: _____ 2024: _____ 2025: _____

DEPARTMENTAL AVAILABILITY (ENCIRCLE THOSE EXISTING)

o Transplant Surgery o Transplant Hepatology o Transplant Anaesthesia

o Transplant ICU o Diagnostic Radiology o Interventional Radiology

o Pathology o Gastroenterology o Infectious Disease

PAYMENT AND DECLARATION DETAILS

I have deposited a sum of Rs.10,000 through Cheque /Online Transfer in favour of Liver Transplantation Society Of India for application for ____(number) LTSI accredited Fellowship positions in Liver Transplant SURGERY / HEPATOLOGY / ANAESTHESIA / Liver Critical Care (tick whichever applicable) as per the details below:

Transaction-details: _____

DECLARATION:

We hereby certify that the information provided above is true and correct to the best of our knowledge.

We further undertake to promptly inform the Office of the President/Secretary of the Liver Transplantation Society of India (LTSI) of any significant changes at the centre, including but not limited to reduction in transplant numbers, loss of licence / accreditation, or changes in faculty members, that may affect the centre's eligibility for continuation of the LTSI-accredited Fellowship Program.

Program Director/Chairman	**CEO/Medical Superintendent/DMS**

Date: _____ **Place:** _____

Account Details for Payment:

Account Name: LIVER TRANSPLANTATION SOCIETY OF INDIA
Bank Name: State Bank of India
Account Number: 00000037616964157 **IFSC Code:** SBIN0001536