

# Association of Surgeons of South Sudan (ASOSS)

## Standard Membership Application Form

### Section A: Personal Information

#### 1. Full Name

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

#### 2. Date of Birth (DD/MM/YYYY)

\_\_\_\_\_

#### 3. Gender

Male  Female

#### 4. Nationality

\_\_\_\_\_

#### 5. Contact Information

Email Address: \_\_\_\_\_

Mobile Phone: Country Code \_\_\_\_ Number \_\_\_\_\_

#### 6. Current Address

Hospital (s): \_\_\_\_\_

City/Town: \_\_\_\_\_ Country: \_\_\_\_\_

## **Section B: Professional Information**

### **7. Medical Council Registration**

Registration Number: \_\_\_\_\_

Country of Registration: \_\_\_\_\_

### **8. Medical Education**

Medical Degree (MBBS/MD): \_\_\_\_\_

Institution: \_\_\_\_\_

Year Completed: \_\_\_\_\_

### **9. Postgraduate Surgical Training**

Qualification: \_\_\_\_\_

Institution: \_\_\_\_\_

Year Completed: \_\_\_\_\_

### **10. Fellowship Training (if applicable)**

Fellowship Title: \_\_\_\_\_

Institution/College: \_\_\_\_\_

Year Completed: \_\_\_\_\_

### **11. Current Professional Position**

Job Title: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_

### **12. Subspecialty Interest (s)**

\_\_\_\_\_

**Section C: Membership Category**

- Full Membership
- Associate Membership
- Honorary Membership

**Section D: Required Attachments**

- CV
- Medical Registration Certificate
- Degree/Qualification Certificates
- Passport-size Photograph

**Section E: Declaration**

I certify that the information provided is accurate. I agree to follow ASOSS and SSGMC professional and ethical standards.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only**

Application Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Membership Category Approved: \_\_\_\_\_

Membership ID: \_\_\_\_\_

Signature: \_\_\_\_\_