



INTERNATIONAL SOCIETY OF  
**LASER PROCTOLOGY**

**APPLICATION FORM**

**A - Personal Information**

1. Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Gender: \_\_\_\_\_

4. Contact Number: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Nationality: \_\_\_\_\_

7. Address: \_\_\_\_\_

**B - Professional Information**

8. Medical Qualification(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Specialization: \_\_\_\_\_

10. Current Position: \_\_\_\_\_

11. Institution/Hospital Affiliation: \_\_\_\_\_

12. Years of Experience in Proctology: \_\_\_\_\_





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**C - Membership & Experience**

13. Are you currently a member of any medical/proctology societies? (Yes/No)

If yes, please list them:

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14. Do you have experience using laser technology in proctology? (Yes/No)

If yes, please describe:

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**D - Educational & Research Background**

15. Have you attended any laser proctology workshops or conferences? (Yes/No)

If yes, please provide details:

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16. Have you published any research on laser proctology? (Yes/No)

If yes, please list:

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## **E – Supporting Documents**

While not mandatory, attaching the following documents to this completed form can strengthen your application and improve your chances of selection:

1. Curriculum Vitae (CV) – A detailed resume outlining qualifications, experience, and professional affiliations.
2. Medical Qualification Certificates – Copies of degrees, diplomas, and relevant certifications.
3. Proof of Specialization – Certification or documentation verifying specialization in surgery, gastroenterology, or dermatology.
4. Workshop/Training Certificate – Proof of attendance at a laser proctology workshop or training program.
5. Published Research (if applicable) – Copies or references of any research work related to laser proctology.

