



**THE INDIAN SLEEP DISORDERS ASSOCIATION**  
**APPLICATION FOR FELLOWSHIP IN SLEEP MEDICINE OF THE COLLEGIATE OF SLEEP, INDIAN SLEEP DISORDERS ASSOCIATION (FSM-ISDA)**

Submit all application material to:  
**The Indian Sleep Disorders Association**  
Room No: 404, Casualty – III<sup>rd</sup> floor,  
Ward-32, Department of Pulmonary,  
Critical Care & Sleep Medicine,  
Safdarjang Hospital, New Delhi

Name: \_\_\_\_\_  
Last First Middle

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

RECENT PASSPORT  
SIZE PHOTO

*(All correspondence will be sent to this address, including examination results)*

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:

Office Home Mobile

Email ID \_\_\_\_\_

**A. UNDERGRADUATE EDUCATION**

*(Include a copy of your M.B;B.S. Degree from the university concerned)*

Degree	Institute	From	To	University

**B. POSTGRADUATE EDUCATION AND TRAINING**

*(Include a copy of your MD/MS. Degree from the university concerned)*

Degree/Training	Institute	From	To	University

**C. CLINICAL TRAINING AND EXPERIENCE IN SLEEP MEDICINE**

After carefully reading the Information, applicants must determine your category for requirements for one of the sections given below.

- 1. Sleep medicine training programme of ISDA:** Applicants must have one year training in sleep medicine under the supervision of a Fellow of Indian Sleep Disorder Association in the accredited training program of ISDA.

Institution/ location	From	To	Program director or supervisor

**(Note: Candidate must submit a certificate from the Supervisor certifying that he has fulfilled the requirement of supervised training in all the areas of the subject as per the course curriculum)**

- 2. Sleep medicine training obtained as DM Resident in the disciplines mentioned below:** Graduates of training programs (DM) in Pulmonary medicine, Critical Care & Sleep Medicine or Neurology can satisfy requirement as follows:

**Pulmonary medicine:** Pulmonologists who have had exposure/experience in sleep medicine as part of training period during their DM in the said discipline.

**Clinical neurology:** Clinical neurologists who have had exposure/experience in sleep medicine as part of training period during their DM in the said discipline.

Institution/ location	Type of training	From	To	Program director or supervisor

**(Note: Candidate must submit a certificate from the Head of Department/Supervisor certifying that he has fulfilled the requirement of supervised training in all the areas of the subject as per the course curriculum)**

**3. Sleep medicine training obtained as MD/DNB Resident in the disciplines mentioned below:**  
 Graduates of training programs (MD/MS/DNB) in Pulmonary/Respiratory medicine, General Medicine, Paediatrics, Otorhinolaryngology, or Psychiatry can satisfy requirement as follows:

Institution/ location	Type of training	From	To	Program director or supervisor

**(Note: It must be certified by the Head of Department that the centre runs a functional Sleep disorders Clinic and performs supervised in laboratory Polysomnography. Candidate must also submit a certificate from the Head of Department certifying that he has fulfilled the requirement of supervised training in all the areas of the subject as per the course curriculum. Further that the candidate has worked in the sleep laboratory, independently validated Polysomnography reports & done titration of CPAP/Bilevel-PAP of patients.)**

**4. Sleep medicine training obtained after MD/DNB Residency in the disciplines mentioned below:**  
 Graduates of training programs (MD/MS/DNB) in Pulmonary/Respiratory medicine, General Medicine, Paediatrics, Otorhinolaryngology or Psychiatry can satisfy requirement as follows:

**Training in the discipline of Sleep Medicine formal/ informal following which the individual has been practicing Sleep medicine devoting at least 25% of time in the said discipline. Practice involves full validated polysomnography (Type I) with manual titration for a minimum of five (05) years after post graduation.**

Institution/ location of training	Type of training	From	To	Program director or supervisor	Institution of practice

**(Note: It must be certified by the Head of Department where formal/informal training obtained (Certificate of training to be enclosed).**

**Certificate from the Head of the Institution where person has been practicing certifying that he/she is independently managing cases of sleep disorders. Further, that the Institution has a full Polysomnography laboratory, where validated sleep studies are undertaken and manual titration performed.**

The total experience should not be less than five years after post-graduation & training.

**5. Candidates for special consideration:**

- a. Individuals who are currently working as Faculty in the Departments of Medical Colleges where sleep medicine is being practiced and has been working for a minimum of 03 (three) years.
- b. Who have a obtained training in sleep (satisfying all requirements) in another country and intends to take the said exam.

Institution/ location of training	Type of training	From	To	Program director or supervisor	Institution of practice

**Note:**

a). It must be certified by the Head of Department that the Medical College (Department) runs a Sleep disorders Clinic and performs supervised in laboratory Type I Polysomnography testing including manual titration of CPAP/ Bilevel PAP and that the said candidate is a member of the Faculty of the College.

b).Certificate from the Head of the Institution where person is practicing, stating that he/she is independently managing cases of sleep disorders. Further, that the Institution has a full Polysomnography laboratory, where validated sleep studies are undertaken and manual titration performed.

**A copy of the certificate of competence in sleep medicine conferred by the Overseas Board must be attached.**

**CME credit:** If you are claiming CME credit please indicate here the number of Conferences/workshops attended, and provide documents of these credits with your application. For candidates in categories 3, 4, certificates of training/workshops attended /conferences attended /papers presented/ research work undertaken review/ original articles published/accepted for publication would help for the committee to decide on allowing the candidate to take the said examination.

*(The final decision of credit to be awarded will lie with the Controller of examinations, whose decision will be final and binding to all)*

**D. Current registration and dates obtained**

Include a copy of all of your current registration to practice medicine (the annual renewal card with an expiration date)

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**E. Research experience in sleep undertaken during training period if any (not essential)**

Description: \_\_\_\_\_

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**F. Original/Review article submitted to the "Indian Journal of Sleep Medicine" and accepted for publication/published. (Essential)**

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**G. Have you ever had a license to practice medicine revoked?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**H. Have you ever been suspended or expelled from any professional school or other institution?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**I. Have you taken Part I or Part II of the certification examination in sleep medicine**

Yes \_\_\_\_\_ No \_\_\_\_\_

*If so, please give dates:* \_\_\_\_\_

**J. Fees:** I am enclosing the examination fee in the amount of Rs.5000/-(Five thousand only). I understand that Rs.3000/-(Three thousand only) of this fee will be refunded if my application is rejected and Rs.4000/-(Four thousand only) will be refunded if I withdraw my application at least 4 weeks prior to the examination and Rs.2500/- if I withdraw my application less than 4 weeks prior to the examination.

**K.** I hereby authorize the Indian Sleep Disorder Association to release the results of my examination to the Supervisor of my fellowship training program.

Yes  No  Not applicable

**L. Declaration:** I hereby declare that the facts stated in this application and all documentation submitted with or in support of the application are true. I understand and agree that any misrepresentation of said facts will result in automatic disqualification to sit for the examination or revocation of the certification obtained.

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

Signature \_\_\_\_\_

**Application deadline: January 10<sup>th</sup>, (Year of Examination)**