

SICOT INDIA ACCREDITED FELLOWSHIP – SUPERVISOR’S REPORT

*Please complete and return this form to the SICOT India fellowship Committee (address below)
within two weeks of completion of the Fellow’s tenure.*

*SICOT relies upon your prompt and detailed feedback to ensure the ongoing quality of our
Accredited Fellowships and thanks you for your time and consideration.*

SUPERVISOR’S NAME
NAME OF FELLOWSHIP
FELLOW’S NAME
Period of Fellowship: From to
Practice(s)/Clinic/s to which Fellow was attached:
Report on the performance of the Fellow in a clinical setting:
Hospital(s) where the Fellow performed surgery:
Nature of surgery performed and role of Fellow, including level of supervision:

Approximate number of procedures in any subspecialties (eg knee, hip, etc):	
Report on Fellow's performance as a surgeon:	
Research undertaken by Fellow:	
Comments on Fellow's research performance and achievements:	
Any other comments (attach additional pages if required):	
Do you approve confirmation of this successful completion by SICOT?	YES / NO

Supervisor's signature Date