

Template for Experience Letter in Recommender's Letter Pad
(Separate letter is required for each fellowship course application)

Date:

To

Convener of Fellowship Courses

FIAGES

EFIAGES

FALS (Colorectal) FALS (Upper GI) FALS (Oncology) FALS (Hernia) FALS (Bariatric Surgery)

IAGES

Dear Sir/Madam,

Subject: Letter of eligibility and experience to take up the fellowship course

- **Name of the candidate in full :**
- **Date of Birth :**
- **Country of residence :**
- **Name of the association**
 - IAGES
 - SELSB (Bangladesh)
 - MAS (Maldives)
- **Membership No. :**
- **Years of clinical experience after postgraduate qualification in the field requested**
 - > 2 yrs
 - 5-10 yrs
 - > 10 yrs
- **Total No of procedures performed/assisted during the above period**
 - 25-100
 - >100
- **Type of fellowship course applied for**
 - FIAGES
 - EFIAGES
 - FALS
- **Category of fellowship course applied for**
 - Examination category
 - Non examination category

I certify the training & membership credentials of the above candidate on verifying the documents.

Signature :

Institution :

Designation :

Name :

Email ID :

Place :

Mobile No. :