

2025 Fellowship of the International College for Maxillo-Facial Surgery (FICMFS)

Founding/Senior Members Application Form – By Application

(2025 – Not by Examination)

A. Personal Details

Full Name	
Date of Birth	
Nationality	
Email	
Phone Number	

B. Professional Qualifications (Attach self-attested certificate copies)

Medical/Dental Degree(s)	
Year of OMFS Qualification	
Country of Registration	

C. Membership History

- ICMFS Member Since (attach certificate) :
- Number of ICMFS Conferences Attended :
(Attach proof of at least 2 attendances)

D. Publications (List 3 Indexed Journal Publications)

E. Referees (Must be current ICMFS Members) [Recommendation Letters to be attached]

1. Name: _____ | Email: _____
2. Name: _____ | Email: _____

F. Personal Statement and Detailed CV

☐ Personal Statement Attached (500 words) ☐ CV attached

G. Declaration

I hereby confirm that all information provided is accurate. I understand that acceptance into the Fellowship is subject to review and final ratification by the ICMFS Presidium.

Signature: _____

Date: _____