

APPLICATION FORM FOR LONG-TERM TRAINING PROGRAMMES

Please fill in your own handwriting (do not type) (Tick your fellowship of interest Restrict to 2 choices for No.1)

1. Long Term Fellowship Programs

- a) Anterior Segment * b) Vitreo-Retinal Surgery
 c) Glaucoma* d) Cornea *
 e) Comprehensive Ophthalmology *

* a, c, d & e Includes training in Phaco-Emulsification

2. PERSONAL INFORMATION

- a) Full Name :
- b) Gender : Male Female Age : Date of Birth :
- c) Marital Status : Unmarried Married Children
- d) Willingness / ability to stay in Hospital / Hostel: Day Scholar
- e) Communication Address: Permanent Address:
 (with telephone, Fax Nos. & Email ID) (with telephone, Fax Nos. & Email ID)

II. PROFESSIONAL INFORMATION

1. MBBS :

Joining / Passing	College & University	Attempt(s) / Class
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Particulars of Postgraduate Education:

Qualifications	Joining / Passing	College & University	Attempt(s) / Class
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Permanent Register No. & Medical Council Name:

4. Additional Qualifications / Trainings :

III) PROFESSIONAL REFERENCES with Testimonials (Provide 3 Names & Addresses)

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IV) MISCELLANEOUS

- a) Previous work experience:
 - i) General Practice in Ophthalmology:
 - ii) Employment in an institute:

b) Medals / Awards:

c) Conference(s) Attended:

d) Papers presented / published:

e) Research work done:

f) Hobbies:

g) Languages Known :	<u>To Speak</u>	<u>To Read</u>	<u>To Write</u>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h) What made you to apply for this fellowship, future plans and how this fellowship helps you:

The information given above is true to the best of my knowledge.

Date:

Place:

Signature:

Note: Please attach photo copies of relevant documents. The originals are to be presented at the time of Examination / Admission. *Please use additional sheet for CV details wherever necessary.*

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