



Application Form for Fellowship/Diploma in Comprehensive Eye Surgery (Ophthalmology)

Program

Fellowship Applied For:

☐ Cornea & Refractive Surgery (1 year)

☐ Cataract & IOL Surgery

☐ Vitreo-Retinal Surgery

☐ Glaucoma ☐ Oculoplasty

☐ Pediatric Ophthalmology

☐ Comprehensive Ophthalmology

☐ Other (please specify): _____ ☐ Diploma in _____ (6months)

PASTE Passport Photo
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1. Personal Details

Full Name of Candidate (in block letters): _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other Nationality: _____

Address for Correspondence: _____

Mobile Number: _____ Email ID: _____

2. Educational Qualifications

Qualification	Institution / University	Year of Passing	
MBBS			
Internship			
MS / DO / DNB (Ophthalmology)			
Any Other (specify)			

3. Professional Experience

Designation	Institution / Hospital	Duration (From–To)	Key Responsibilities

4. Surgical Experience (if applicable)

Type of Surgery	Approx. No. Performed	Remarks
Cataract		
Cornea		
Glaucoma		
Retina		
Others		

5. Academic / Research Details

- Publications (if any): _____
- Conferences / Workshops Attended: _____
- Papers Presented / Awards: _____

8. Declaration

I hereby declare that all the information provided above is true and correct to the best of my knowledge. I understand that furnishing false information may result in cancellation of my application or fellowship.

Date: _____ **Place:** _____

Signature of the Applicant: _____