



## 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  
Here

### 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: \_\_\_\_\_