



# THE EYE FOUNDATION

Postgraduate Institute of Ophthalmology

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Email : [fellowship@theeyefoundation.com](mailto:fellowship@theeyefoundation.com) Website: [www.theeyefoundation.com](http://www.theeyefoundation.com)

## Application for fellowship in

Affix Passport  
Size Photograph

### Personal Information

Name:

Fathers/Husbands Name:

Age:

Date of Birth:

Sex:  M /  F

Mailing Address:

Permanent Address:

Phone Number(s):

Email ID:

District and State of Domicile:

Mother Tongue:

Nationality:

Marital Status:  Married  Unmarried

Children:

OC/BC/SC/ST/MBC:

Languages Known:

No.	Language	Speak	Read	Write
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"/>

## Medical Qualifications

### 1. Basic Medical Degree:

<b>Examination passed:</b>	
<b>Institute:</b>	
<b>Year of passing:</b>	<b>Division:</b>
<b>Date of registration:</b>	<b>M.B.B.S Registration No:</b>
<b>State &amp; Country where registered:</b>	

### 2. Ophthalmology Residency/Post-Graduation: (Attach a copy of the mark sheet)

<b>Examination passed:</b>		
<b>Institute:</b>		
<b>Year of passing:</b>	<b>Division:</b>	<b>No. of attempts :</b>
<b>Date of registration (if applicable):</b>	<b>Registration No:</b>	
<b>State &amp; Country where registered:</b>		
<b>Brief Note on the Thesis work:</b>		

### 3. Professional Experience

**Total Years of Experience:**

<b>Name of Organization</b>	<b>Designation</b>	<b>Period of Tenure (with dates)</b>

**Other qualifications:**

### 4. Surgical Experience

<b>Surgical Procedure</b>	<b>Number of surgeries performed under supervision</b>	<b>Number of surgeries performed Independently</b>
<b>ECCE</b> <b>SICS</b> <b>Phacoemulsification</b> <b>Retinal Lasers</b> <b>DCR</b> <b>Trabeculectomy</b> <b>Pterygium Excision with autograft</b>		

**5. Publications & Research**

**6. Name, designation & address of 3 persons (under whom you have worked/studied), whom we can contact for reference:**

<b>S.NO</b>	<b>Name &amp; Designation</b>	<b>Address</b>
1.		
2.		
3.		

**7. Briefly explain your choice of specialty and what you expect to gain from the fellowship programme (150 words)**

**8. Certificate copies to be attached with this form:**

1. MBBS Degree Certificate
2. MS / DNB Certificate
3. Postgraduate Degree Mark Sheet
4. MCI / State Council Registration Certificate
5. Valid ID proof (Aadhar card/ Passport/ PAN card/ Voter ID)

**Signature of the candidate**

**Date:**

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**For Office Use:**

Selected

Not Selected

**Period: From:**

**To:**

**Remarks:**

**Signature**