



THE EYE FOUNDATION

Postgraduate Institute of Ophthalmology

D.B. Road, R.S, Puram, Coimbatore 641002, India Tel: +91422 4242000

Email : fellowship@theeyefoundation.com Website: 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

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:

Examination passed:	
Institute:	
Year of passing:	Division:
Date of registration:	M.B.B.S Registration No:
State & Country where registered:	

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

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

3. Professional Experience

Total Years of Experience:

Name of Organization	Designation	Period of Tenure (with dates)

Other qualifications:

4. Surgical Experience

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

5. Publications & Research

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

S.NO	Name & Designation	Address
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:



For Office Use:

Selected

Not Selected

Period: From:

To:

Remarks:

Signature