



# SANKAR FOUNDATION EYE HOSPITAL

D No 19-50, Sai Madhava Nagar, Naidutota, Visakhapatnam- 530047

Phone: 0891-2891100, Fax: 0891-2793219,

E-mail: [hr@sankarfoundation.org](mailto:hr@sankarfoundation.org) Website: [www.sankarfoundation.org](http://www.sankarfoundation.org)

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Photograph

## 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 ☐ d) Orbit & Oculoplasty ☐  
b) Cornea ☐ f) Pediatric Ophthalmology ☐  
c) Glaucoma ☐ g) Vitreo-Retina ☐

*Clinical Fellowship* ☐ *Clinical Research Fellowship* ☐

### 2. PERSONAL INFORMATION

a) Name: Surname / First Name ..... Given / Last Name .....

Gender : Male ☐ Female ☐ Age : ..... Date of Birth : .....

Marital Status: Single ☐ Married Children .....

Willingness / ability to stay in Hospital / Hostel ☐ Day Scholar ☐

d. Communication Address:  
(with telephone, Fax Nos. & Email ID)

Permanent Address:  
(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 :

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

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**IV) Past Experience** (Please use separate typed sheets for IV (a) to (g))

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|--|--|
| <p>a) Previous Work Place Details</p> <p>b) Medals / Awards:</p> <p>c) Conference(s) Attended:</p> <p>d) Papers presented / published:</p> | <p>e) work done:</p> <p>f) Hobbies:</p> <p>g) What makes you to apply for this fellowship, future plans and how this fellowship helps you...</p> |
|--|--|

V) 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"/>

*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.*

<p>Sankar Foundation Eye Hospital</p> <p># 19-50, Sai Madhava Nagar, Naiduthota, Vepagunta, Visakhapatnam – 530 047, Andhra Pradesh, India</p>
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