



SANKAR FOUNDATION EYE HOSPITAL

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

Phone: +91 99598 22688

E-mail edu@sankarfoundation.org Website: www.sankarfoundation.org

Space for
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 | <input type="checkbox"/> | d) Orbit & Oculoplasty | <input type="checkbox"/> |
| b) Cornea | <input type="checkbox"/> | f) Pediatric Ophthalmology | <input type="checkbox"/> |
| c) Glaucoma | <input type="checkbox"/> | g) Vitreo-Retina | <input type="checkbox"/> |

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

2. Particulars of Postgraduate Education:

Qualifications	Joining / Passing	College & University	Attempt(s) / Class

3. Permanent Register No. & Medical Council Name:

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4. Additional Qualifications / Trainings :

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))

- | | |
|--|--|
| <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.*

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