



APPLICATION

COMPREHENSIVE OPHTHALMIC FELLOWSHIP A 2 Month fellowship for Ophthalmologists

Name: _____

Office use: Selected / Not Selected

Period FROM:

To:

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For International Candidates:

MCI applied: Yes: No:

MCI approval: Yes: No:

Remarks :

Signature

AAKASH EYE HOSPITAL

AAKASH EYE HOSPITAL
M N COLLEGE ROAD
VISNAGAR 384315
Call: +91-2765-222075

COMPREHENSIVE OPHTHALMIC FELLOWSHIP

Please affix
your recent
passport
photograph
here

AAKASH EYE HOSPITAL

Nr. New court & GEB M N College Road, Visnagar – 384315, Gujarat, India

Ph. No: +91-2765-222075, 222076

E-mail: info@akashehospital.com , Website: www.akashehospital.com

Name:		Father's Name	
Present Address:			
Phone no:		Mob no:	
Email:			
Permanent Address:			
Phone no:		Mob no:	
Email:			
Date of Birth:	Place of Birth	Age:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
District & state of Domicile		Citizen:	
Mother Tongue:		Marital Status: Married / Unmarried	

Present Employment

Institution:	Designation:
Nature of work & responsibilities:	
Date available to begin training programme:	

Qualification

Examination Passed	Institution	Year of passing	Division
MBBS			
DO / DOMS			
MS / MD / Dip. NB(MAMS)			

Certificate to be attached with the Completed application form

MS / DO / Dip. NB degree certificate

Name, address & destination of 3 persons not related to you, whom we can contract for reference

1.

2.

3.

Work experience (Past)				
S No.	Organization	From	To	Designation

Tick the appropriate boxes

SICS Experience

Yes

No

Regular

Occasional

Phaco experience, if any

Yes

No

Regular

Occasional

Purpose of this training

To improve quality

To learn a new technique

Facility Requirement

Accommodation

Food

For International Participants only:

Country: _____	Passport Number: _____	
Address of Embassy / Consulate for Visa: _____ _____		
Tel(office): _____	Fax: _____	Email : _____

Declaration

I hereby declare that all the information given in this form is true and accurate.

Date:

Place:

Please send the filled in form via mail / post to the address below:

Dr. Vishnu Patel

Dr. Sanjay Patel

Mr. Piyush Prajapati

AAKASH EYE HOSPITAL

Aakash Eye Hospital, Visnagar – 384315, Gujarat, India

Phone: 02765 222075,222076

Mo.: 72260 48881

Email: info@akasheyehospital.com

Website: www.aakasheyehospital.com

Uncompleted Application Forms will be rejected