



SRI SANKARADEVA NETHRALAYA

96, Basistha Road
Guwahati - 781 028, Assam, INDIA

Website: ssnguwahati.org

APPLICATION FORM FOR FELLOWSHIP

Tick your fellowship of interest - Please restrict to 2 options only

PHOTO

- | | |
|---|-------------------------------------|
| A. Fellowship in Cornea (24 months) | <input type="checkbox"/> |
| B. Fellowship in Vitreo-retina (24 months) | <input checked="" type="checkbox"/> |
| C. Fellowship in Cataract, Refractive Surgery, Oculoplasty and Oculofacial Aesthetics (30 months) | <input checked="" type="checkbox"/> |
| D. Fellowship in Ophthalmic Plastic & Reconstructive Surgery and Facial Aesthetics (24 months) | <input type="checkbox"/> |
| E. Fellowship in Orbit, Ocular Oncology & Pathology (24 months) | <input checked="" type="checkbox"/> |
| F. Fellowship in Glaucoma (24 months) | <input checked="" type="checkbox"/> |
| G. Fellowship in Medical Retina & Uvea (24 months) | <input type="checkbox"/> |
| H. Fellowship in Comprehensive Ophthalmology (24 months) | <input type="checkbox"/> |
| I. Fellowship in Paediatric Ophthalmology (24 months) | <input type="checkbox"/> |

I. PERSONAL INFORMATION:

I. Full Name _____

II. Gender: Male Female

III. Age / Date of Birth: _____

IV. Marital Status: Single Married

V. Address for Communication:

Contact No.: _____ Email: _____

VI. Permanent address:

Contact No.: _____ Email: _____

II. PROFESSIONAL INFORMATION:

a) PG Qualification (MS / DNB/ DO) (please tick whichever applicable)

Name of the College: _____

Name of the University/Board: _____

State Medical Council Registration No.: _____

Year of Passing: _____

Total Marks Obtained: _____

No. of Attempts: _____

b) MBBS Degree Particulars:

Name of the College: _____

Name of the University/Board: _____

State Medical Council Registration No.: _____

Year of Passing: _____

Total Marks Obtained: _____

No. of Attempts: _____

c) Year of passing 10+2 with medium of instruction:

Class/Marks obtained:

d) Additional Qualification & Training:

III. FAMILY INFORMATION:

- a. Name of Husband / Wife:

- b. Occupation:

- c. Father's Name:

- d. Mother's Name:

IV. MISCELLANEOUS (Please attach Curriculum Vitae/ Resume):

- a. Awards/Medals:

- b. Conference(s) attended:

- c. Paper presented/Published:

- d. Research Work done (if any):

- e. Hobbies:

f. Languages known:

	Speak	Read	Write
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>

g. Professional Experience:

h. Current Employment:

How did you come to know about the program?

Why are you interested in this program? (in 250 words)

Date:

Signature of Candidate

Send to:

Senior Academic Coordinator
Sri Sankaradeva Nethralaya
96, Basistha Road, Guwahati-781028
Assam, India
email: ssnsecretary@gmail.com

NB: Duly completed application form is to be submitted along with requisite processing fee of Rs. 1,000/- (non-refundable) in the form of Demand Draft/RTGS/NEFT in favour of 'Sri Sankaradeva Nethralaya, Guwahati'.

Account No. 910010031088009
Account Name :- Sri Sankaradeva Nethralaya.
RTGS Code :-UTIB0000860; SWIFT-AXISINBB860
Account Type.- Saving Account.; Bank Name Axis Bank Ltd.; Branch :- Beltola.