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## L V Prasad Eye Institute

### LONG TERM FELLOWSHIP SELECTIONS (Across Network)

Venue for examination: Kallam Anji Reddy Campus, Hyderabad

### APPLICATION FORM (session July 2019)

Name of the Candidate (In Capital Letters) : \_\_\_\_\_

Father's Name /Husband's Name : \_\_\_\_\_

Native Place (City/State) : \_\_\_\_\_

Date of Birth (DD/MM/YYYY) / Age : \_\_\_\_\_

Gender : \_\_\_\_\_

Marital Status : \_\_\_\_\_

Nationality : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Institute/ University : \_\_\_\_\_

Medical Registration No. and Date : MCI \_\_\_\_\_ State \_\_\_\_\_

Present Place of Work : \_\_\_\_\_

Designation : \_\_\_\_\_

Sub – specialty applied for : \_\_\_\_\_

Comprehensive: YES NO

Payment (check the applicable) : Demand Draft No:

Current Address/Mailing Address : \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Permanent Address : \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Mobile No : \_\_\_\_\_

Land Line/ Mobile Number (Residential) : \_\_\_\_\_

Email ID : \_\_\_\_\_

Place :

Date :

Signature of the Candidate

### Educational & Professional qualification

S.No	Exam Passed	Year	Name of the Institution	Board/ University	% of Marks

**Professional Experience (in chronological order) – Total yrs. Of exp. \_\_\_\_\_**

Name of the Origination	Position	Period of tenure with dates	Brief description of duties	Detailed experience (date wise)

<b>Surgical Competency</b>			
<b>Present Level of Competency</b>			
<b>Surgical Procedures</b>	No. of Surgeries performed under supervision	No. of Surgeries performed independently	Comfort Level on scale of 1-5
ECCE			
SICS			
PHACO			
Trabeculectomy			
Retina Laser			
DCT			
DCR			
Others			

## **Other Studies**

(Mention any other studies undertaken, including training/refresher courses)

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## **Fellowships and Scholarships**

(Which of above studies were undertaken with a fellowship or scholarship? Mention the sponsor of the grant)

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## **Visits abroad/ Publications and Research**

(List any significant visits abroad not mentioned above) (List any significant publication (including publisher and date of publication) and any major research projects undertaken)

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**Briefly write about your interest in sub-specialty of choice and how this training would help you further (100 words)**

### **References**

List of two persons, not related to the candidate, who can provide information on his/her qualifications. These persons should normally be teachers or supervisors acquainted with the candidate's previous academic work

Full Name	Title and address
1. ....	.....
2. ....	.....

