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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 January 2020)

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 : _____

*Kindly apply for not more than 2 fellowship categories

- Cornea & Anterior Segment
- Cataract & Refract Surgeries
- Retina & Vitreous
- Uveitis & Medical Retina
- Glaucoma
- Pediatric ophthalmology , Strabismus & Neuro ophthalmology
- Oculoplasty & Ocular Oncology

Payment : Demand Draft No:

*The demand draft of INR 5000/- needs to be enclosed in the name of "Hyderabad Eye Institute" payable at Hyderabad.

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) |
|-------------------------|----------|-----------------------------|-----------------------------|---------------------------------|
| | | | | |

| Surgical Competency | | | |
|------------------------------------|--|--|-------------------------------|
| Present Level of Competency | | | |
| Surgical Procedures | 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)

Fellowships and Scholarships

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

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)

Briefly write about your interest in sub-specialty of choice and how this training would help you further (not exceeding 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. | |

