

**APPLICATION FORM FOR SHORT-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. Short Term Fellowship Programs**

- a) Small Incision Cataract Surgery Course       b) Phaco-Emulsification Course   
 c) Diagnosis & Management of Glaucoma       d) Indirect Ophthalmoscopy & Lasers   
 e) Pediatric Ophthalmology       f) Diagnosis & management of Corneal Disorders   
 g) Lacrimal system: Training in DCR surgeries with intubation

**2. PERSONAL INFORMATION**

- a) Full Name : .....
- b) Gender : Male  Female  Age : ..... Date of Birth : .....
- c) Marital Status : Unmarried  Married  Children .....
- d) Willingness / ability to stay in Hospital / Hostel:  Day Scholar
- e) 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:

4. Additional Qualifications / Trainings :

**III) PROFESSIONAL REFERENCES with Testimonials (Provide 3 Names & Addresses)**

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**IV) MISCELLANEOUS**

- a) Previous work experience:
  - i) General Practice in Ophthalmology:
  - ii) Employment in an institute:

- b) Medals / Awards:
- c) Conference(s) Attended:
- d) Papers presented / published:
- e) Research work done:
- f) Hobbies:

g) 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"/>

- h) What made you to apply for this fellowship, future plans and how this fellowship helps you:

*The information given above is true to the best of my knowledge.*

Date:

Place:

Signature: .....

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**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*

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**Short term training Programs 2015**

<b>S No</b>	<b>Course Title</b>	<b>Duration (customizable)</b>	<b>Eligibility Criteria</b>
1	<u>Small Incision Cataract Surgery Course</u>	2 weeks to 2 months	MS / DNB / DO As per government guidelines In service candidates As per Bio-data evaluation for private candidates.
2	<u>Phaco-Emulsification Course</u>	2 weeks to 2 months	
3	<u>Diagnosis &amp; Management of Glaucoma</u>	2 weeks to 2 months	
4	<u>Indirect Ophthalmoscopy &amp; Lasers</u>	2 weeks to 2 months	
5	<u>Pediatric Ophthalmology</u>	2 weeks to 2 months	
6	<u>Diagnosis &amp; management of Corneal Disorders</u>	2 weeks to 2 months	
7	<u>Lacrimal system: Training in DCR surgeries with intubation</u>	1 month	