

**APPLICATION FOR FELLOWSHIP IN VITREO RETINA
at Sankara eye Hospital**

Units: (tick (√) your preference)

Bengaluru, RGUHS Shivamogga, SAV

Photograph

Source of Application: (select with (√) mark)

IJO Sankara Website Friend Reference Direct Any Other Source _____

INSTRUCTIONS

Please read the instructions carefully before filling the form.

- i) All sections are to be filled. If not applicable, indicate “NA”.
- ii) Enclose copies of your basic and post-graduate educational certificates, current valid medical registration license and a passport-sized photograph.
- iii) The duly completed application form to be submitted as a softcopy via email to blr.hr@sankaraeye.com and director.sav@sankaraeye.com and

Send hard copy of the same along with accompanying documents, photograph & DD ₹ 500/- in the name “S K K M TRUST- Sankara Academy of Vision” payable at Coimbatore to the address given below:

“The Director, Sankara Academy of Vision, Varthur Main Rd, Kundalahalli Gate, Bengaluru – 560037”

1. PERSONAL COLUMN

Name in Full: _____

Permanent Address: _____

_____ Country: _____

Present Address: _____

_____ Country: _____

Tel (Office) : _____ Mobile No.: _____

E-mail : _____ Nationality: _____

Date of Birth : _____ Age: _____ Passport No (Foreign Nationals): _____

2. BASIC DEGREE (MEDICAL)

Name of Institution	From	To	Board / University	Qualification

3. POSTGRADUATION

Name of institution	From	To	Board / University	Qualification

4. OTHER DEGREES/HONOURS/FELLOWSHIPS (If any)

Name of institution	From	To	Board / University / other Sponsoring body	Qualification

5. PRESENT LEVEL OF COMPETANCY

Surgical procedures	No of surgeries performed under supervision	No of surgeries performed independently	Competency level (scale of 1 – 5)
ECCE			
SICS			
PHACO			
Trabeculectomy			
Retina lasers			
DCR			
others			

6. PRESENTATIONS / PUBLICATIONS (ATTACH SEPARATE SHEET IF NECESSARY)

Date	Journal	Title/Co-Authors

7. REFEREES*

Full Name	Address, Fax No. and Email Address	Designation, Institution & Country of Work

** Referees should either be department heads or direct supervisors who are familiar with your work.*

8. GIVE BELOW ANY OTHER INFORMATION YOU FEEL RELEVANT TO YOUR APPLICATION

DECLARATION

I declare that the information given in the application is true to the best of my knowledge.

Date

Signature of Applicant