

## ADITYA JYOT EYE HOSPITAL

Plot No.: 153, Road No.: 9, Major Parmeshwaran Road, Wadala (West), Mumbai – 400 031.

Tel: 91-22-24177600 / 02

E-mail: [prof.drsn@gmail.com](mailto:prof.drsn@gmail.com) / [appointments@adityajyoteyehospital.org](mailto:appointments@adityajyoteyehospital.org)

### **APPLICATION FORM FOR 6-12 MONTH CLINICAL ROTATION FELLOWSHIP**

Please fill in your own handwriting (do not TYPE)

#### I. PERSONAL INFORMATION

a) Full Name: \_\_\_\_\_  
First Name Middle Name Last Name

b) Gender : Male/Female

c) Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

d) Marital Status: Single/Married

e) Address with Telephone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers (with STD codes): \_\_\_\_\_

Fax Number (with STD codes): \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### I. PROFESSIONAL INFORMATION

a) Qualification: \_\_\_\_\_

: 2 :

b) Year of passing SSC/SSLC \_\_\_\_\_

Class obtained \_\_\_\_\_

Rank, if any \_\_\_\_\_

Medium of Instruction \_\_\_\_\_

c) Year of passing plus 2/Inter/PUC \_\_\_\_\_

Class obtained \_\_\_\_\_

Rank, if any \_\_\_\_\_

Medium of Instruction \_\_\_\_\_

d) Pre-professional college, if any \_\_\_\_\_

e) Particulars of Medical Education

a) Name, Location & University affiliation of the College

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Year of Joining \_\_\_\_\_

c) Year of Passing \_\_\_\_\_

d) Class obtained \_\_\_\_\_

e) Passed all subjects in a first attempt: Yes / No

Particulars of post Graduate Education

a) Qualification

b) Year of Passing \_\_\_\_\_

MS

DO

MNMS

DIPNB

: 3 :

- c) Institution \_\_\_\_\_
- d) Marks/Class obtained \_\_\_\_\_
- e) Passed in first attempt: Yes / No
- f) Synopsis of thesis done
- g) If possible, send a copy of Thesis (not compulsory)
- h) Additional Qualification & Training, if any, in Ophthalmology

I. Professional Reference (Provide 3 Names & Addresses)

- 1.
- 2.
- 3.

II. Family Information

- a) Name of Husband / Wife \_\_\_\_\_  
Name of Employer \_\_\_\_\_
- b) Number of Children \_\_\_\_\_

No.	Name	Sex	Age
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- 1.
- 2.
- 3.
- 4.

- c) Father's Name & Occupation \_\_\_\_\_

\_\_\_\_\_

: 4 :

d) Mother's Name & Occupation \_\_\_\_\_

\_\_\_\_\_

I. Miscellaneous

a) Medals / Awards \_\_\_\_\_

b) Conferences Attended \_\_\_\_\_

c) Papers presented / published \_\_\_\_\_

d) Any research work done \_\_\_\_\_

If so, give details \_\_\_\_\_

\_\_\_\_\_

e) Hobbies : \_\_\_\_\_

f) Languages :

No.	Speak	Read	Write
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1.

2.

3

g) Have you been in practice: Yes / No

General practice \_\_\_\_\_

Ophthalmic practice \_\_\_\_\_

h) Future Plan: \_\_\_\_\_

\_\_\_\_\_

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: 5 :

i) What made you to apply for this Fellowship: \_\_\_\_\_

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j) What made you to decide to be an Ophthalmologist: \_\_\_\_\_

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k) Goals or learning aims \_\_\_\_\_

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l) Have you applied at other institutions for any fellowship currently? Y / N

m) If Yes, when is the scheduled interview at those institutions?

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Date:

Signature