Application Form for 18th Months Fellowship Program in Vitreo Retinal Surgery at the Aditya Jyot Eye Hospital, Wadala, Mumbai

(Under the aegis of the Maharashtra University of Health Sciences)

Last Date for receipt of application forms - 19th April 2014, 17.00 hrs at

Aditya Jyot Eye Hospital Pvt Ltd.
Plot no 153, Road no. 9, Major Parmeshwaran Road,
Opp S.I.W.S college, Wadala west, Mumbai - 400031.

Contact - +91-22-24177632/ 00
www.adityaijoteyehospital.org

Download this form, print it, fill it completely and submit along with DD of Rs. 500/- at mentioned above address.
APPLICATION FORM

Passport Size Photo

Applicant’s Particulars

1. Name in full (begin with surname)

2. Present Address

3. Contact Details
   Phone: ________________
   E-mail: ________________

4. Permanent Address

5. Date of Birth ____________, Age _______

6. Marital Status Single/Married

7. Gender Male/Female
Professional Qualification and Experience

Educational Qualification:

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Work Experience

______________________________________________________________________________

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Miscellaneous

a. Medals / Awards __________________________

b. Conferences Attended ____________________

c. Papers presented / published _________________

d. Any research work done _________________
   If so, give details ________________________

Languages __________________________________

Family Information

a) Name of Husband / Wife & Occupation __________________________

b) Name of Children __________________________________________

c) Father’s Name & Occupation __________________________________

d) Mother’s Name & Occupation _________________________________
Future Plan

________________________________________________________________________________

What is the aim in your life

________________________________________________________________________________

What made you to apply for this fellowship

________________________________________________________________________________

What made you to decide to be an Ophthalmologist

________________________________________________________________________________

Hobbies

________________________________________________________________________________

Professional Reference (Provide 3 Names & Addresses)

1. ________________________________________________________________________________

2. ________________________________________________________________________________

3. ________________________________________________________________________________

Declaration

I hereby agree, that I will follow the rules and regulations at present in force or that may hereafter be made for the administration of the collage and its associated recognized hospitals and under take that so long as I am a fellow/certificate course student of the collage, I will do nothing unworthy of the student of that collage either inside or outside or anything that will interfere with its orderly working and discipline. I also declare that the information/particulars furnished above by me is true to the best of my knowledge. I know the consequences as provided in rules of MUHS as regards furnishing false information/concealing any information.