



Affix Recent
Photo

ADITYA JYOT EYE HOSPITAL PVT. LTD.

Plot No.: 153, Road No.: 9, Major Parmeshwaran Road, Wadala (West), Mumbai – 400 031.
Tel: 91-22-24177600, Fax: 91-22-24177630,
E-mail: Prof.drsn@gmail.com

APPLICATION FORM FOR 18 MONTH V R 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

MS

DO

MNMS

DIPNB

b) Year of Passing _____

: 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
-----	------	-----	-----

- 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
-----	-------	------	-------

1.

2.

3

g) Have you been in practice: Yes / No

General practice _____

Ophthalmic practice _____

h) Future Plan: _____

: 5 :

i) What made you to apply for this Fellowship: _____

j) What made you to decide to be an Ophthalmologist: _____

k) Goals or learning aims _____

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