



MGM Eye Institute

(A Project of Miki Memorial Trust)

5th Mile, Vidhan Sabha Road, Raipur - 493 111, Chhattisgarh, India

Ph: (91)-(771) 2970670, 2970671, 2970672

Application Form for Ophthalmology Training Programs

Affix
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size Color
Photo

(Please complete the application form in block capital letters)

Applying for (Please tick)			
<input type="checkbox"/> Phaco	<input type="checkbox"/> SICS	<input type="checkbox"/> Medical Retina	
<input type="checkbox"/> Fellowship - Vitreo retina	<input type="checkbox"/> Fellowship - Glaucoma	<input type="checkbox"/> Fellowship – Comprehensive Ophthalmology	<input type="checkbox"/> Fellowship - Oculoplasty

Address for Communication:

Name of Candidate:-			
Gender:-		Date of Birth:-	
Address:-			
City:-		State:-	Country:-
Email Id:-		Mobile No:-	Marital Status:-

Qualification (Please attach Self Attested Copies of Certificates):

No	Examination Passed	Institution	Year of passing
1.	MBBS		
2.	DO / MS / MD / Dip. NB		
3.	Other Ophthalmic Degree		
4.			
5.			

Present Employment:

Name of Organization:

Organization Type: Private Govt. NGO

Present Place of Working:

Designation:

Organization Contact No:

Organization Fax No:

Work Experience (Past):

Sl. No	Organization	Organization Type (Private/Govt/NGO)	Designation	From	To

Surgical Experience: Candidates applying for Phaco / SICS

Sl.	Types of Cataract Surgery	Doing surgery since	Numbers done
1	Phaco		
2	SICS		
3	ECCE		

Are you good at making rhexis : Yes/No

Payment Details:

a. For Sponsored Candidates:

Name of the Sponsoring Organization:

Address:

E-Mail:

Fax No:

Contact No:

Website:

Course fee details: D.D. No _____ Amount (in Rs) _____

b. For General Candidates (Non-Sponsored)

Name of Participant:

Course fee details: D.D. No _____ Amount (in Rs) _____

For Overseas Candidates only:

Country:		
Address of Embassy / Consulate for Visa:		
Tel (office):	Fax:	Email:
Mobile:	Passport Number:	

Reasons for attending this Training Programme:

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Preferred month of Training:

Month: _____ Year: _____

Languages Known (Please Tick):

No.	Language	Speak	Read	Write
1				
2				
3				

References:

Sl	Name	Designation and Official Address	Contact No and E-Mail ID
1			
2			

Declaration:

I hereby declare that all the information given in this form is true and best of my knowledge. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date :

Place :

Signature of Applicant