



# 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

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## About MGM Eye Institute:

MGM Eye Institute is a tertiary eye care center setup in association with L.V. Prasad Eye Institute, Hyderabad and aims to provide the best quality eye care which combines the latest advancements in the therapeutic procedures and the technology .It is conceived as center of excellence and offers services in all subspecialties like Cornea & Anterior segment, Glaucoma, Vitreo-retina, Occuloplasty, Ocular Oncology, Pediatric Ophthalmology & Squint Low vision sight enhancement, Custom made Prosthesis. Comprehensive Ophthalmology , contact lens, Eye bank, Microbiology etc.The institute also offering DNB (Diploma in National Board) and B.Sc. Optometry.

## About Training:

This is a Short Term Practical Hands on Training on Phaco (1 month duration) / SICS (2 months duration) Cataract surgical procedure offering to the qualified ophthalmologists. Organizations may also sponsor their ophthalmologist for the training programme. The starting date of the training is 1<sup>st</sup> of every month

## Requisite Qualification:

MBBS Degree with Post Graduate Degree or Diploma in Ophthalmology, DNB (Ophthalmology) and registered with Medical Council of India (MCI) / any State Medical Council. The candidates for the programme will have to apply at least 2 months in advance to the Director, MGM Eye Institute, Raipur.

## How to apply:

The application form can be downloaded from MGMEI website ([www.mgmeye.org](http://www.mgmeye.org)). Alternately, we shall send the application form through email on request. Please send the filled in form via e-mail / post to the address below. Incomplete Application Form will be rejected.

Dr. Deepshikha Agrawal

Director, MGM Eye Institute

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

Email: [info@mgmeye.org](mailto:info@mgmeye.org), [deepshikha@mgmeye.org](mailto:deepshikha@mgmeye.org)

Mobile: +91 9425206296

Name of Training Programme	Duration
Phaco	1 month
SICS	2 months

Accommodation & Food will be provided to the candidates by the institute. Food will be provided by the institute in all working days (Except Sundays and Holidays). The candidates will have to pay the course fee after their selection for the programme which will be communicated to the candidates via mail and telephone.

The payment should be made in the form of demand drafts/Online, drawn in favour of “MGM Eye Institute” payable at “Raipur”. Overseas candidates can pay the course fee through wire transfer. **Once paid, fee is non-refundable for any reasons.**

**Bank Details:**

Name of Account Holder	MGM Eye Institute
Hospital Code	247
TAN No.	JBPM04862E
PAN No.(Miki Memorial Trust)	AAATM9323L
Complete address with PIN Code	5th Mile, Vidhansabha Road, Raipur, Chhattisgarh-493111
District	Raipur
State	Chhattisgarh
Name of Bank	State Bank Of India
Branch Name	New Shanti Nagar
Bank Account No.	36483332564
Bank IFSC Code	SBIN0007237
MICR Code	492002008
Bank Branch Code	07237
Complete address of bank branch	New Shanti Nagar, Shankar Nagar, Raipur, Chhattisgarh-492007
Telephone No. of bank	771-4040751,4040747,4040736
e-mail ID of bank	<a href="mailto:sbi.07237@sbi.co.in">sbi.07237@sbi.co.in</a>



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## Application Form for Short Term PHACO / SICS 'Hands on' Training

Affix Recent  
PP size Colour  
Photo

(Please complete the application form in block capital letters)

Applying for (Please Tick)

(i) Phaco (1 month)

(ii) SICS (2 months)

Name of Candidate:

Address for Communication: C/o:

City/ Village:

District:

State:

Postal Code:

Country:

Personal Details:

Nationality:

Sex:

Date of Birth:

Marital Status:

Email id:

Mobile No:

**Qualification (Please attach Self Attested Copies of Certificates):**

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

**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

**Languages Known (Please Tick):**

No.	Language	Speak	Read	Write
1				
2				
3				

**Surgical Experience:**

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: \_\_\_\_\_

**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