



APPLICATION – GENERAL OPHTHALMOLOGY/SICS

APPLICATION FEE ₹300/-

Course Dates desired by the candidate / /

1. Personal details:

Name

Age

Gender

Marital Status

Nationality

Designation

Name of the Organisation

Address for Correspondence

Phone Number

Fax

Email address

Knowledge of English

2. Educational Qualification

Qualification

College/University

Duration

Year of Passing

3. Professional Experience (including the present assignment)

4. Cataract Surgery experience:

Present technique of Cataract Surgery

No of surgeries performed so far

Capsulotomy (CCC / Can opener / Envelope.)

Have you attended any Cataract Surgery course before

If yes, details of the Course: (Course description, Institution, Duration, no of surgeries performed etc.)

5. Name and Contact Details of 2 references (Ophthalmologists) if any

Name 1

Name 2

Country

Passport No

Address of Embassy / Consulate for Visa

Telephone : Office

Fax

Email address

6. Accommodation (needed/not needed)

Date

Signature of the Applicant

Mailing Address:

Dr. Sundar Ram Shetty

Course Coordinator

G E F Eye Hospital

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