

S.B. DR. SOHAN SINGH EYE HOSPITAL Pvt. Ltd.

KATRA SHER SINGH, AMRITSAR – 143006

APPLICATION FOR VITREORETINAL FELLOWSHIP

1. Name of the Candidate
(with expansion of initials)
2. Sex
3. Martial Status
4. Date of Birth
(according to Christian Era)
5. Parent's / Guardian's / Husband's Name
And Occupation
6. Address

PRESENT	PERMANENT
<p>Telephone Nos. :</p> <p>E-mail:</p>	<p>Telephone Nos. :</p> <p>E-mail:</p>

7. Merit Scholarship obtained, if any

8. Particulars of M.B.B.S. Course

a) Name of the Medical College :
(University to which it is affiliated)

b) Grade obtained in final M.B.B.S. :

c) Were there any failures in any :
examination during the medical
course (Specify subject (s) and
number of attempts in each)

d) Marks obtained in **Clinical** and
Non-Clinical subjects every year

M.B.B.S.	SUBJECTS	MARKS / MAX. MARKS		PERCENTAGE	YEAR OF PASSING
Iyear	a. b. c. d. e. f.				
IIyear	a. b. c. d. e. f.				
IIIyear	a. b. c. d. e. f.				

9. Date of completion of internship :

10. Registration No. and Name of :
Medical Council Registered

11. Have you obtained any certificate of merit or any other award for meritorious performance during medical course :

12. Nature of work done after completing MBBS course :

a)

c)

d)

13. Particulars of MS/MD/DOMS/DNB (Ophthalmology) course

MS/MD

DOMS

DNB

a) year of passing

b) attempt

c) grade/marks obtained

d) name of University

e) Reg. No. and Name of Medical Council Registered

14. Post MS/MD/DOMS/DNB (Posts, Courses, Fellowship Done)

a)

b)

c)

15. What are your Extra-Curricular activities (distinction achieved)

a) Sports

b) N C C

c) Socilal Work

d) Any other (specify)

16. Have you prepared and presented Scientific papers on medical subjects at a Conference, or meet, or, was such work included for publication? :

17. Name two Ophthalmologist of standing to whom enquiries can be directed regarding your professional capabilities.

Name : 1)	2)
Address:	Address
Telephone No.	Telephone No.

CHECKLIST OF PHOTOSTAT COPIES OF CERTIFICATES TOBE ENCLOSED
 NUMBER ALL THE ENCLOSURES IN THE FOLLOWING ORDER MARKING A✓ IN
 THE DOTTED LIN

Encl. No.

- | | | |
|-----|--|---|
| 1. | M.B.B.S. Degree | - |
| 2. | Medical Council registration Certificate | - |
| 3. | Internship Completion certificate | - |
| 4. | Conduct certificate from College last studied | - |
| 5. | Mark Sheet of M.B.B.S. Examination in CLINICAL and NON-CLINICAL subjects | - |
| 6. | MS/DOMS certificate | - |
| 7. | Registration of MS/DOMS with Medical Council | - |
| 8. | letters of references from point 17 (essential) | - |
| 9. | Certificates, Prizes and Medals won (if any) | - |
| 10. | Any Research paper accepted | - |
| 11. | Any publication accepted | - |
| 12. | Extra Curricular activities (certificates) | - |
| 13. | Social Service of professional character | - |
| 14. | Service certificate (if applicable) | - |

TOTAL NUMBER OF ENCLOSURES

I hereby declare that the particulars furnished by me in the columns above are true and correct to the best of my knowledge.

Date

SIGNATURE OF THE CANDIDATE