



C. U. SHAH OPHTHALMIC POST GRADUATE TRAINING CENTRE

(A unit of Medical Research Foundation)
Chennai – 600 006

APPLICATION FORM FOR PROSPECTIVE OBSERVERS

Please complete and return via email (academic@snmail.org)
Fax (+91 44 2825 4180) or post.

Affix Recent
PP size Colour
Photo

Please complete all areas in block capitals

Surname																			
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First name																			
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Title	Dr	Mr	Miss	Mrs
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Sex :	M	F	Date of Birth:	Nationality:
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Postal address for correspondence:

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Country:		Postal code:	
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Daytime telephone number including codes:	
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Email:	
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Details of Educational Qualifications:

Degree	Name of the Institution / College	Month & Year of Passing

Additional Qualification (Courses/Programs attended):

Course Description	Place	Duration

Present Appointment:

Institution/Hospital:

Address:

Designation:

Are you currently enrolled as a student?

Yes

No

If yes, University:

(Kindly tick)	Speciality	No. of weeks / months
<input type="checkbox"/>	Cataract	
<input type="checkbox"/>	Cornea and external disease	
<input type="checkbox"/>	Glaucoma	
<input type="checkbox"/>	Medical Retina	
<input type="checkbox"/>	Neuro-ophthalmology	
<input type="checkbox"/>	Orbit, Oculoplasty, Reconstructive & Aesthetic services	
<input type="checkbox"/>	Strabismus & Pediatrics	
<input type="checkbox"/>	Uvea	
<input type="checkbox"/>	Vitreoretina	

First Possible arrival Date:

What are your specific goals and objectives for this experience?

Do you hold any of the following?

OCI Card

PIO Card

Other visa

If others, please specify.

Do you require a visa invitation letter from us?

Yes

No

Do you know anybody at Sankara Nethralaya?

References:

1.

2.

(**Note:** Ophthalmic observers are accepted for a maximum stay of 2 months. It is advisable to apply at least 6 – 9 months in advance of the date you wish to attend. All bookings are from Monday to Saturday. Please attach a copy of your passport and visa/resident proof along with the application. Kindly make sure to hold a visa specific for the observership program.)

Fee:

As soon as your visit has been agreed you will receive a formal letter of confirmation including details of how to find the hospital and where to go on your first day.

PLEASE ENSURE YOU SIGN AND DATE YOUR APPLICATION HERE:

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Place:

Signature of the Applicant