



MEDICAL RESEARCH FOUNDATION
Old No: 18, New No: 41, College Road,
Chennai 600006, Tamil Nadu
Phone: 42271500/28271616
Website: www.sankaranethralaya.org

Please affix
your
Passport
Size
Photograph

APPLICATION FORM FOR FELLOWSHIP
(ANTERIOR SEGMENT)

Tick your fellowship of interest - Please restrict to 2 options only

- a) Comprehensive Ophthalmology (18 Months)
- b) Cornea (2 Years)
- c) Research cum Glaucoma (2 Years)
- d) Clinical Glaucoma (18 months)
- e) Oculoplasty (2 Years)
- f) Uvea (18 months)
- g) Paediatric Ophthalmology (18 Months)
- h) Neuro Ophthalmology (18 Months)

I. PERSONAL INFORMATION :

a. Full Name _____

First Name

Middle Name

Last Name

b. Gender : Male Female

c. Age Date of Birth

d. Marital Status: Single Married

e. Address for Communication

Permanent Address

Pincode:
Telephone/Mobile:
E. Mail:

Pincode:
Telephone/Mobile:
F Mail:

II. PROFESSIONAL INFORMATION:

a) PG Qualification (Degree/Diploma)

Name of the PG course :

Name of the College:

Name of the University/Board

State Medical Council Registration No.

Year of Passing :

Total marks obtained :

No. of Attempts:

Distinction (if any of the subject)

b) M B B S Degree Particulars

Name of the College

Name of the University

State Medical Council Registration No.

Year of passing:

Total Marks obtained :

No. of Attempts :

Distinction (if any of the subject) :

c) Year of Passing Plus 2/Inter/PUC with Medium of Instruction :

Class/marks obtained:

d) Additional Qualification & Training:

(III) FAMILY INFORMATION

a. Name of Husband/Wife:

b. Occupation:

c. Number of Children:

d. Father's Name & Occupation :

e. Mother's Name & Occupation:

(IV) MISCELLANEOUS (Please attach Curriculum Vitae /Resume)

a. Medals/Awards

b. Conference(s) Attended

c. Paper presented/published

d. Research work done, If any

e. Hobbies:

f. Languages Known: Speak Read write

- 1.
- 2.
- 3.
- 4.

g. Professional experience: Yes/ No

General Practice/

Ophthalmic Practice:

h. Current employment/ Study:

i . Future Plans :

Why are you interested in this programme?

PROFESSIONAL REFERENCES (Please provide 3 Names & Addresses)

1.

2.

3.

Date:

Signature

Send to
The Academic Officer
Medical Research Foundation
Old No.18, New No.41
College Road, Chennai 600006.
Email: academic@snmail.org