



**MEDICAL RESEARCH FOUNDATION**  
**No: 18, 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) Research cum Cornea/Cornea (2 ½ Years/2 Years)
- c) Research cum Glaucoma/Glaucoma (2 Year/18 months)
- d) Oculoplasty (2 Years)
- e) Uvea (18 months)
- f) Paediatric Ophthalmology (18 Months)
- g) 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

Pincode:  
Telephone/Mobile:  
E. Mail:

e. Address for Communication

Pincode:  
Telephone/Mobile:  
F Mail:

Permanent Address

**II. PROFESSIONAL INFORMATION:**

**a) PG Qualification:**

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