



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
VITREO - RETINA FELLOWSHIP

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

- a) Research Cum Clinical Vitreo-Retina fellowship (2 ½ years)
- b) Clinical Vitreo-Retina fellowship (2 years)
- c) Medical Retina Advanced (1 year)
- d) Medical Retina + Uvea (2 years)

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:
E. 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