

**C. U. SHAH OPHTHALMIC POST GRADUATE TRAINING CENTRE**  
**Unit of MEDICAL RESEARCH FOUNDATION**  
**18, College Road, Chennai – 600 006.**

**Application Form –Diploma in Ophthalmology**

Reference Number:

Please attach  
a passport  
size  
photograph

(Please fill the application in your own handwriting)

**PERSONAL DETAILS**

Name

Expansion of Initials

Date of Birth

D D / M M / Y Y Y Y

Sex

Male

Female

Marital Status

Married

Unmarried

Communication Address	
Street / Road Area City/ Place State Country Pin Code Phone No Mobile No Email	

Permanent Address	
Street / Road Area City/Place State Country Pin Code Phone No Mobile No Email	





Have you done any Community Service  
(If yes, please attach a copy)

YES

NO

Are you employed – Give full details  
(Specify State / Central / Private)

YES

NO

Have you presented any scientific  
Papers or submitted publications  
(If yes, Please attach a copy)

YES

NO

Have you enclosed Eligibility Certificate  
From Tamilnadu The Dr.MGR Medical  
University? (applicable for those graduated  
From Annamalai and other universities  
Outside Tamil Nadu).

YES

NO

Please provide below details of two professional Referees

Communication Addresses	
1. Name of First Referee Street / Road Area City / Place State Country Pin code Phone No. Email	
2. Name of Second Referee Street / Road Area City / Place State Country Pin code Phone No. Email	

Checklist for the Enclosures:

- MBBS Degree
- Internship Completion Certificate
- Medical Council Registration Certificate
- Certificates from two referees
- Mark Sheet of MBBS Examination (Yearwise)
- Merit Certificates, Prizes Won and Medals
- Eligibility Certificate from Tamilnadu Dr.MGR University
- Extra Curricular / Social Service / NCC / NSS Certificates
- Any other relevant Certificates
- Curriculum vitae


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

Application with required fee to be forwarded to

The Academic Officer,  
Medical Research Foundation,  
No.18 College Road, Chennai 600 006  
Phone: 044-42271835, Fax : 044-28254180  
Email : [nsk@snmail.org](mailto:nsk@snmail.org), [academic@snmail.org](mailto:academic@snmail.org)

By sending a Demand Draft for Rs.1000/- drawn in favour of **Medical Research Foundation** payable at Chennai.