

MEDICAL RESEARCH FOUNDATION
18 COLLEGE ROAD, CHENNAI 600 006
TAMIL NADU, INDIA
PHONE: 28271616/28279435/828261256/42271500

APPLICATION FORM FOR FELLOWSHIP

Affix Your
Passport Size
Photograph

Please fill in your own handwriting (do not type)

Advanced cataract community Ophthalmology fellowship (2 Months Programme)

- | | | | | | |
|------------------------|---|--|------------------------|---|--|
| 1. April to May | <small>Mention the Year</small>
<input type="checkbox"/> | <small>Tick the preference</small>
<input type="checkbox"/> | 5. December to January | <small>Mention the Year</small>
<input type="checkbox"/> | <small>Tick the preference</small>
<input type="checkbox"/> |
| 2. June to July | <input type="checkbox"/> | <input type="checkbox"/> | 6. February to March | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. August to September | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4. October to November | <input type="checkbox"/> | <input type="checkbox"/> | | | |

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. Communication Address Permanent Address
(with telephone, Fax Nos. & Email ID) (with telephone, Fax Nos. & Email ID)

II. **PROFESSIONAL INFORMATION :**

a. Qualification

b. Year of Passing SSC :

Class Obtained :

Rank, if any :

Medium of Instruction :

c. Year of Passing Plus 2/Inter/PUC :

Class Obtained :

Rank, if any :

Medium of Instruction :

d. Pre-professional College, if any.

e. Particulars of Medical Education :

1. Name, location & University affiliation of the College if any

2. Year of Joining

3. Year of Passing

4. Class Obtained

5. Passed all subjects in first attempt

f. Particulars of Postgraduate Education :

1. Qualification

2. Year of Passing

3. Institution

4. Marks/Class Obtained

5. Passed in first attempt Yes No

g. Additional Qualification & Training:

III. **PROFESSIONAL REFERENCES** (Provide 3 Names & Addresses)

V. **FAMILY INFORMATION**

- a. Name of Husband/Wife
- b. Occupation
- c. Number of Children
- d. Father's Name & Occupation
- e. Mother's Name & Occupation

V. **MISCELLANEOUS** (Please attach Curriculum Vitae / Resume)

- a. Medals/Awards
- b. Conference(s) Attended
- c. Papers presented/published
- d. Research work done, if any
- e. Hobbies
- f. Languages Known : Speak Read Write
 - 1.
 - 2.
 - 3.
 - 4.
- g. Have you been in practice: Yes / No
 - General Practice
 - Ophthalmic Practice
- h. Future Plan :
- i. What made you to apply for this fellowship?

Date:

Signature

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