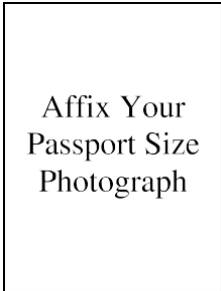


MEDICAL RESEARCH FOUNDATION
18 COLLEGE ROAD, CHENNAI 600 006
TAMIL NADU, INDIA
PHONE: 28271616/28279435/828261256/42271500



APPLICATION FORM FOR FELLOWSHIP

Please fill in your own handwriting (do not type)

Advanced cataract community Ophthalmology fellowship (2 Months Programme)

- | | | |
|----------------------|---|--|
| 1. February to March | <small>Mention the Year</small>
<input type="checkbox"/> | <small>Tick the preference</small>
<input type="checkbox"/> |
| 2. April to May | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. June to July | <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)

A large empty rectangular box for providing the communication address.

A large empty rectangular box for providing the permanent address.

II. **PROFESSIONAL INFORMATION:**

a. Qualification

b. Year of PassingSSC

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
 - 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