



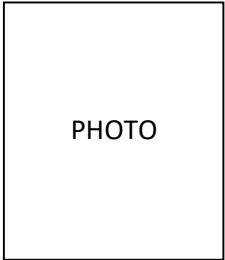
# SRI SANKARADEVA NETHRALAYA

96, Basistha Road  
Guwahati - 781 028, Assam, INDIA

Website: [ssnguwahati.org](http://ssnguwahati.org)

## APPLICATION FORM FOR FELLOWSHIP

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



- |   |                                     |
|---|-------------------------------------|
| A. Fellowship in Cornea (24 months)   | <input type="checkbox"/>            |
| B. Fellowship in Vitreo-retina (24 months)  | <input checked="" type="checkbox"/> |
| C. Fellowship in Cataract, Refractive Surgery, Oculoplasty and Oculofacial Aesthetics (30 months) | <input type="checkbox"/>            |
| D. Fellowship in Ophthalmic Plastic & Reconstructive Surgery and Facial Aesthetics (24 months)    | <input checked="" type="checkbox"/> |
| E. Fellowship in Orbit, Ocular Oncology & Pathology (24 months)                                   | <input checked="" type="checkbox"/> |
| F. Fellowship in Glaucoma (24 months)   | <input type="checkbox"/>            |
| G. Fellowship in Medical Retina & Uvea (24 months)  | <input type="checkbox"/>            |
| H. Fellowship in Comprehensive Ophthalmology (24 months)  | <input checked="" type="checkbox"/> |
| I. Fellowship in Paediatric Ophthalmology (24 months)   | <input type="checkbox"/>            |

### I. PERSONAL INFORMATION:

I. Full Name \_\_\_\_\_

II. Gender: Male  Female

III. Age / Date of Birth: \_\_\_\_\_

IV. Marital Status: Single  Married

V. Address for Communication:

\_\_\_\_\_  
\_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

VI. Permanent address:

\_\_\_\_\_

\_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

**II. PROFESSIONAL INFORMATION:**

**a) PG Qualification (MS / DNB/ DO)** (please tick  whichever applicable)

Name of the College: \_\_\_\_\_

Name of the University/Board: \_\_\_\_\_

State Medical Council Registration No.: \_\_\_\_\_

Year of Passing: \_\_\_\_\_

Total Marks Obtained: \_\_\_\_\_

No. of Attempts: \_\_\_\_\_

**b) MBBS Degree Particulars:**

Name of the College: \_\_\_\_\_

Name of the University/Board: \_\_\_\_\_

State Medical Council Registration No.: \_\_\_\_\_

Year of Passing: \_\_\_\_\_

Total Marks Obtained: \_\_\_\_\_

No. of Attempts: \_\_\_\_\_

**c) Year of passing 10+2 with medium of instruction:**

Class/Marks obtained:

**d) Additional Qualification & Training:**

**III. FAMILY INFORMATION:**

- a. Name of Husband / Wife:
  
- b. Occupation:
  
- c. Father's Name:
  
- d. Mother's Name:

**IV. MISCELLANEOUS (Please attach Curriculum Vitae/ Resume):**

- a. Awards/Medals:
  
- b. Conference(s) attended:
  
- c. Paper presented/Published:
  
- d. Research Work done (if any):
  
- e. Hobbies:

f. Languages known:

	Speak	Read	Write
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>

g. Professional Experience:

h. Current Employment:

How did you come to know about the program?

Why are you interested in this program? (in 250 words)

**Date:**

**Signature of Candidate**

***Send to:***

Senior Academic Coordinator  
Sri Sankaradeva Nethralaya  
96, Basistha Road, Guwahati-781028  
Assam, India  
email: [ssnsecretary@gmail.com](mailto:ssnsecretary@gmail.com)

**NB:** Duly completed application form is to be submitted along with requisite processing fee of Rs. 1,000/- (non-refundable) in the form of Demand Draft/RTGS/NEFT in favour of 'Sri Sankaradeva Nethralaya, Guwahati'.