



CATARACT TRAINING APPLICATION FORM

PERSONAL INFORMATION

Full Name :

Gender : Male Female Date Of Birth :
D D M M Y Y

E-Mail :

Contact No : Nationality :

Permanent Address :

Interested in : SICS Short Term (3 months)

Phaco Short Term (3 months) Long Term (8-12 months)

Preferred Training Dates :

EDUCATIONAL INFORMATION

Please include M.B.B.S., M.S., M.D., D.O.M.S., D.N.B., Fellowships etc.in the table below.

| | Educational Qualification | Name of the Institute | Year of Passing |
|---|---------------------------|-----------------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |



SKILLS & EXPERIENCE

Practicing ophthalmology since (no. of years) :

Self-Employed Employed Elsewhere

Employment Details :

Type of ophthalmic work :

How many ECCE/SICS surgeries are you doing per month :

Are you able to perform CCC :

Are you able to perform Scleral/Corneal tunnel? :

Please provide details of independent SICS/ Phaco surgical Experience (No. of surgeries) : SICS
PHACO

How did you find out about this course :

Signature Of Applicant

Please attach scanned copy of the following documents and email completed application to academics@drishtinetralaya.in

1. Passport Size Photo
2. PAN Card
3. MCI/State Registration Certificate
4. M.S./D.O.M.S./D.N.B. Passing Certificate
5. Aadhar Card
6. Resume

More Information

Ms. Yashika Agarwalla
HR Director
6901221335

Dr. Isha Agarwalla
Consultant & Academics Head
9205464680