



FELLOWSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name :

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

E-Mail :

Contact No : Emergency Contact :

Permanent Address :

Interested in : ☐ SICS ☐ Short Term (3 months)

☐ Phaco ☐ Short Term (3 months) ☐ Long Term (10-12 months)

☐ DCR ☐ 2 weeks

☐ Oculoplasty Observership ☐ 2 weeks

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			



DRISHTI NETRALAYA

SUPERSPECIALITY EYE HOSPITAL

+91 6901274500

0373 2325201

www.drishtinetralaya.in

SKILLS & EXPERIENCE

Practicing ophthalmology since (no. of years) :

☐ Self-Employed

☐ Employed Elsewhere

Employment :
Details

Type of :
ophthalmic
work

How did you find out about this course :

To be filled out only by SICS/Phaco fellowship applicants

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

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

MAIN HOSPITAL

Amolapatty Rly. Gate
Dibrugarh, Assam - 786001

DIBRUGARH CITY CENTER

H.S. Road , Opp. Aurora Cinema
Dibrugarh, Assam - 786001

DHEMAJI CITY CENTER

Opp. DC Office
Dhemaji, Assam - 787057