

APPLICATION FORM FOR FELLOWSHIP PROGRAMM

Name Of The Candidate	
Father/Husband Name	
Gender	
Date Of Birth	
Residential Address	
Phone No:	
Mobile No:	
E Mail Address	
Marital Status	
Mother Tongue	

PREFERENCE FOR SPECIALITY:

CORNEA & REFRACTIVE SURGERY	
GLAUCOMA	
MEDICAL & SURGICAL RETINA	

QUALIFICATION:

EXAMINATION PASSED	INSTITUTE	UNIVERSITY	YEAR OF PASSING	REGISTRATION NUMBER WITH DATE OF REGISTRATION	NAME OF STATE MEDICAL COUNCIL	REMARKS
M.B.B.S						
D.O. / D.O.M.S.						
DNB						
M.S.						

ACADEMIC ACTIVITY:

NO	SCIENTIFIC PAPER / POSTER / ARTICLE PUBLISHED	NAME OF THE CONFERENCE/JOURNAL

PRESENT/ PAST EMPLOYMENT:

DESIGNATION	NAME OF THE INSTITUTION	PERIOD

RECOMENDATION:

NAME	DESIGNATION	INSTITUTE	CONTACT NO/MOB NO

- **You Can Send The Duly Filled Form To**

Secretary,
Nagri Eye Research Foundation Trust
Near Gujarat College,
Ellisbridge,
Ahmedabad-380006

- **You can mail the form to the following email address:**
dr_tejasdesai@yahoo.com