

Ojas Eye Hospital

Roseland Building, Junction of Linking Road and Waterfield Road, Bandra, Mumbai-400050. India.

+91 22 61549999 / 26405951 / 26514066 E-mail: info@ojaseyehospital.com

Application Form for 12th Months Fellowship Program in Vitreo Retinal Surgery at the

Ojas Eye Hospital, Bandra (W), Mumbai

(Under the aegis of the Maharashtra University of Health Sciences)

Last Date for receipt of application forms- 19th April 2014, 17.00 hrs at

Ojas Eye Hospital.

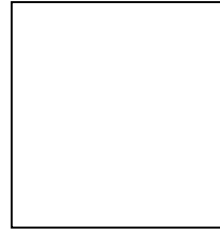
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www.ojaseyehospital.com/

Download this form, print it, fill it completely and submit along with DD of Rs. 500/- at mentioned above address.

APPLICATION
FORM



Passport Size Photo

Applicant's Particulars

1. Name in full (begin with surname)

2. Present Address

3. ContactDetails

Phone: _____

Email: _____

4. Permanent Address

5. Date of Birth _____, Age _____

6. Marital Status Single/Married

7. Gender Male/Female

Professional Qualification and
Experience Educational Qualification:

Exam	Month & Year	Subject	University	Grade/Percentage

Work Experience

Miscellaneous

- a. Medals /Awards _____
- b. ConferencesAttended _____
- c. Papers presented /published _____
- d. Any researchworkdone_____
- If so,givedetails_____

Languages_____

Family Information

- a) Name of Husband / Wife &Occupation _____
- b) Name ofChildren_____
- c) Father'sName&Occupation_____
- d) Mother'sName&Occupation_____

Future Plan

What is the aim in your life

What made you to apply for this fellowship

What made you to decide to be an Ophthalmologist

Hobbies

Professional Reference (Provide 3 Names & Addresses)

1. _____
2. _____
3. _____

Declaration

I hereby agree, that I will follow the rules and regulations at present in force or that may hereafter be made for the administration of the collage and its associated recognized hospitals and under take that so long as I am a fellow/certificate course student of the collage, I will do nothing unworthy of the student of that collage either inside or outside or anything that will interfere with its orderly working and discipline. I also declare that the information/particulars furnished above by me is true to the best of my knowledge. I know the consequences as provided in rules of MUHS as regards furnishing false information/concealing any information.

Date

Signature