

Ojas Eye Hospital

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

Application Form for SICS and Phaco Training

Affix Your
Passport Size
Photograph

Name Gender
.....

Father's/Husband Name Date of Birth (DD/MM/YYYY)

Mobile No..... Landline No

E-mail Id Nationality

Present Address

.....

Permanent Address

.....

S.No.	Educational Qualification	Name of the University	Year of Passing
1			
2			
3			
4			
5			

(Please mention M.B.B.S., M.S., M.D., D.O.M.S., D.N.B., Fellowships etc)

- 1) Practicing Ophthalmology since
- 2) Self Employed or Employed anywhere
- 3) Type of Ophthalmic work
- 4) How many no. of ECCE/SICS surgeries are you doing per month?.....
- 5) Are you able to perform CCC?
- 6) Are you able to perform Scleral/Corneal tunnel?
- 7) Have you done any Phaco surgeries before? If yes then how many?

8) How did you come to know about this course?

Place:

Date:

Signature of the Candidate

Submit duly filled & signed application form along with cheque or demand draft of Rs. 80,000/- in the favor of **Ojas Eye Hospital payable at Mumbai.**

Please attach Xerox Copy of:-

1. Pan card Copy
2. MMC Registration Certificate
3. M.S./D.O.M.S./D.N.B. Passing Certificate
4. Indemnity Policy

For further details please contact

Dr. Niteen Dedhia

Reception

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