

APPLICATION FORM

FELLOWSHIP/ SHORT TERM 'HANDS ON' TRAINING

SuVi Eye Institute & Lasik Laser Centre,

C 13 Talwandi, KOTA, RAJ., INDIA

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+(91) 93514-12449 (mobile)

E-mail:suresh.pandey@gmail.com

Website: www.suvieye.com

Name :.....

Date of Birth :..... Age :..... Gender: M/F

Citizen of :..... Mother Tongue :

Permanent Address:.....

.....

.....

Phone No:.....

E-mail ID:-

Marital Status : Married / Unmarried

Qualification

Examination passed	Institution	Year of passing	Division
.....
MBBS
.....

**Please affix
your recent
passport size
photograph**

DO / DOMS

.....

MS / MD

Dip. N.B. (MNAMS)

.....

Work Experience (Past)

No.	Organization	From	To	Designation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. How many specific ophthalmic surgeries have you done (Since when)?

Numbers

Since

- 2. Purpose of this training : To improve skill
- : To learn a new technique
- 3. Applying for a period of days/weeks.

7. When you wish to come from.....to.....

Present Employment :

Institution :

Designation :

Nature of work & Responsibilities :

Signature

For Office use –

Available Dates to begin training programme :