

# Application Form

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Zip Code : \_\_\_\_\_

State : \_\_\_\_\_ Country : \_\_\_\_\_

Phone Numbers : \_\_\_\_\_ Citizen : Indian  NRI  Foreign Origin

Your Aim for the chosen Program (Tick Yes or No)

Observation Fellowship: General Ophthal : Yes  No

Community Ophthal : Yes  No

Pediatric Ophthal : Yes  No

Fellowship : General Ophthalmology : Yes  No

Pediatric Ophth & Strabismology : Yes  No  Open only for foreign students

Training Program : One Month SICS Yes  No

Instrumental Phaco training : Yes  No

Admission in Educational Program :

DOTA (affiliation with ycmou open university) : Yes  No

Certificate Program for Ophthalmic Assistance : Yes  No

Job : Optometrist : Yes  No

To Assistant : Yes  No

Ophthalmic Assistant : Yes  No

Your Qualification : \_\_\_\_\_

University / Year : \_\_\_\_\_ Grades : \_\_\_\_\_

Work Experience : \_\_\_\_\_

The Aim to do the chosen Program / Job : \_\_\_\_\_

\_\_\_\_\_