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## L V Prasad Eye Institute

### LONG TERM FELLOWSHIP SELECTIONS (Across Network)

**Venue for examination: Kallam Anji Reddy Campus, Hyderabad**

#### APPLICATION FORM (session July 2018)

|  |   |                  |       |
|--|---|------------------|-------|
| Name of the Candidate (In Capital Letters) | : |                  |       |
| Father's Name /Husband's Name              | : |                  |       |
| Native Place (City/State)                  | : |                  |       |
| Date of Birth (DD/MM/YYYY) / Age           | : |                  |       |
| Gender                                     | : |                  |       |
| Marital Status                             | : |                  |       |
| Nationality                                | : |                  |       |
| Qualifications                             | : |                  |       |
| Institute/ University                      | : |                  |       |
| Medical Registration No. and Date          | : | MCI              | State |
| Present Place of Work                      | : |                  |       |
| Designation                                | : |                  |       |
| Sub – specialty applied for                | : |                  |       |
| Comprehensive:                             |   | YES              | NO    |
| Payment (check the applicable)             | : | Demand Draft No: |       |

Current Address/Mailing Address : \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

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

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Mobile No : \_\_\_\_\_

Land Line Number (Residential) : \_\_\_\_\_

Email ID : \_\_\_\_\_

Place :

Date :

Signature of the Candidate

Note: Attach sponsorship letter (if any)

### Educational & Professional qualification

| S.No | Exam Passed | Year | Name of the Institution | Board/ University | % of Marks |
|------|-------------|------|-------------------------|-------------------|------------|
|      |             |      |                         |                   |            |

**Professional Experience (in chronological order) – Total yrs. Of exp. \_\_\_\_\_**

| <b>Name of the Origination</b> | <b>Position</b> | <b>Period of tenure with dates</b> | <b>Brief description of duties</b> | <b>Detailed experience (date wise)</b> |
|--------------------------------|-----------------|------------------------------------|------------------------------------|--|
|                                |                 |                                    |                                    |  |

| <b>Surgical Competency</b>         |   |   |                                      |
|------------------------------------|---|---|--------------------------------------|
| <b>Present Level of Competency</b> |   |   |                                      |
| <b>Surgical Procedures</b>         | <b>No. of Surgeries performed under supervision</b> | <b>No. of Surgeries performed independently</b> | <b>Comfort Level on scale of 1-5</b> |
| ECCE                               |   |   |                                      |
| SICS                               |   |   |                                      |
| PHACO                              |   |   |                                      |
| Trabeculectomy                     |   |   |                                      |
| Retina Laser                       |   |   |                                      |
| DCT                                |   |   |                                      |
| DCR                                |   |   |                                      |
| Others                             |   |   |                                      |

## **Other Studies**

(Mention any other studies undertaken, including training/refresher courses)

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## **Fellowships and Scholarships**

(Which of above studies were undertaken with a fellowship or scholarship? Mention the sponsor of the grant)

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## **Visits abroad/ Publications and Research**

(List any significant visits abroad not mentioned above) (List any significant publication (including publisher and date of publication) and any major research projects undertaken)

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**Briefly write about your interest in sub-specialty of choice and how this training would help you further (100 words)**

**References**

List of two persons, not related to the candidate, who can provide information on his/her qualifications. These persons should normally be teachers or supervisors acquainted with the candidate’s previous academic work

| Full Name | Title and address |
|-----------|-------------------|
| 1. ....   | .....             |
| 2. ....   | .....             |

