

## **APPLICATION FORM FOR FELLOWSHIP PROGRAMM**

Name Of The Candidate	
Father/Husband Name	
Gender	
Date Of Birth	
Residential Address	
Phone No:	
Mobile No:	
E Mail Address	
Marital Status	
Mother Tongue	

### **PREFERENCE FOR SPECIALITY:**

CORNEA & REFRACTIVE SURGERY	
OCULOPLASTY	
MEDICAL & SURGICAL RETINA	

**QUALIFICATION:**

EXAMINATION PASSED	INSTITUTE	UNIVERSITY	YEAR OF PASSING	REMARKS
M.B.B.S				
D.O. / D.O.M.S.				
DNB				
M.S.				

**ACADEMIC ACTIVITY:**

NO	SCIENTIFIC PAPER / POSTER / ARTICLE PUBLISHED	NAME OF THE CONFERENCE/JOURNAL

**PRESENT / PAST EMPLOYMENT:**

DESIGNATION	NAME OF THE INSTITUTION	PERIOD

**RECOMENDATION:**

NAME	DESIGNATION	INSTITUTE	CONTACT NO/MOB NO

- **You Can Send The Duly Filled Form To**

Secretary,  
Nagri Eye Research Foundation Trust  
Near Gujarat College,  
Ellisbridge,  
Ahmedabad-380006

- **You can mail the form to the following email address:**

[dr\\_tejasdesai@yahoo.com](mailto:dr_tejasdesai@yahoo.com)