



RETINA INSTITUTE OF KARNATAKA
122, 5th Main Road, Chamrajpet, BANGALORE 560018

Application form for fellowship in vitreo-retina
affiliated to Rajiv Gandhi University of Health Sciences

Personal details

1. Name (in full):

2. Age:

Date of birth:

Sex: M /F

Marital status:

3. Address:

Permanent:

Communication:

Phone no.

fax no.

Mobile no.

e-mail.

Details of qualification

DEGREE	YEAR OF PASSING	COLLEGE	UNIVERSITY
M.B.B.S.			
D.O.M.S.			
D.N.B.			
M. S.			
OTHERS (FELLOWSHIP OR TRAINING)			

6. Dissertation:

7. Distinction:

8. Papers presented:
(Attach extra sheet)

9. Publication:
(attach extra sheet)

Tell us more about yourself

10. Present position held:

11. Work experience in ophthalmology practice:

12. Experience in retinal surgery; if any

13. Name of institution / organization
deputing / sponsoring the fellow*

* if applicable

15. reason for specializing in retinal surgery & future plans:

16. Languages spoken:

17. Name and address of two referees:

a)

b)

tel. no.
e-mail:

tel. no.
e-mail:

18. Name & address of local guardian:

tel no:
E-mail:

Address: to,

Dr.N.S. Muralidhar MD, DNB
President
Retina institute of Karnataka
122, 5th main road, Chamrajpet.
Bangalore 56 00 18
tel. no. 080 22410106 / 22410534. fax 080 26607811
email – retinainstitute@sify.com

Submission of applications: Completed application forms can be e-mailed to retinainstitute@sify.com or can be sent by post to the above address.

For Office Use:

- Interview date:
- Fellowship commences from:
