



**RETINA INSTITUTE OF KARNATAKA**  
**# 122, 5<sup>th</sup> Main Road, Chamrajpet, BANGALORE 560018**

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

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Personal details

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1. Name (in full):

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2. Age:

Date of birth:

Sex: M /F

Marital status:

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3. Address:

Permanent:

Communication:

Phone no.

fax no.

Mobile no.

e-mail.

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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)			

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6. Dissertation:

7. Distinction:

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8. Papers presented:  
(Attach extra sheet)

9. Publication:  
(attach extra sheet)

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Tell us more about yourself

10. Present position held:

11. Work experience in ophthalmology practice:

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12. Experience in retinal surgery; if any

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

\* if applicable

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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  
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# 122, 5th main road, Chamrajpet.  
Bangalore 56 00 18  
tel. no. 080 22410106 / 22410534. fax 080 26607811  
email – [retinainstitute@sify.com](mailto:retinainstitute@sify.com)

Submission of applications: Completed application forms can be e-mailed to [retinakarnataka@gmail.com](mailto:retinakarnataka@gmail.com) or can be sent by post to the above address.

For Office Use:

- Interview date:
- Fellowship commences from:

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