

# ADVANCED CENTRE FOR EYES

A RETINA SUPERSPECIALITY EYE INSTITUTE

4-D, KITCHLU NAGAR, LUDHIANA – 141001, PH. 0161-2304550

Mobile : - 98141-14678, 97811-14678, E-mail : [advancedcentreforeyes@gmail.com](mailto:advancedcentreforeyes@gmail.com)

[www.advancedcentreforeyes.com](http://www.advancedcentreforeyes.com)

## APPLICATION FOR VITREORETINAL FELLOWSHIP

Sr. No. :- \_\_\_\_\_

1. Name : \_\_\_\_\_
2. Father's / Husband's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Married / Unmarried : \_\_\_\_\_
5. Address : \_\_\_\_\_
- (a) Permanent : \_\_\_\_\_
- \_\_\_\_\_ PIN Code \_\_\_\_\_
- (b) For Correspondence : \_\_\_\_\_
- \_\_\_\_\_ PIN Code \_\_\_\_\_
6. Contact No. (With STD Code) : \_\_\_\_\_ Mobile No. \_\_\_\_\_
- E-Mail Address : \_\_\_\_\_

PHOTO

7. Details of Qualification

(a) Particulars Of M.B.B.S course:

Sr.No	Name of the college	University	years	Marks		Percentage	Years of Passing	Attempt
				Max.	Marks			
1.								
2.								
3.								

(b) Post Graduation/Diploma/DNB Courses :

Sr. No.	MD/MS/DOMS/DNB (Ophthalmology)	Attempt	Grade/marks obtained	Name of university	Years of passing
1.					
2.					
3.					

8. Have you Obtained any Certificate Of merits or any other awards for Meritorious performance during Medical Courses.

9. Experience (Attach proof) :

Sr. No.	Designation	From	To	Period	Name of the Institution
1.					
2.					
3.					
4.					

10. Name two ophthalmologist of standing to whom enquiries can be directed regarding your professional capabilities.(Other Than Relatives)

Sr. No.	Name	Department	Relation	Contact No.
1.				
2.				

11. From where did you hear about Fellowship:

- (a) Word of Mouth  (b) Internet  (c) Hospital Website  (d) News Paper   
 (e) Any other

**Verified that all the above contents of the application are true to the best of my knowledge and belief, nothing has been concealed therein. If the above said information is found to be incorrect, my services may be terminated at any time.**

Dated : \_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
 (Signature of the applicant)

**Enclosure Check-list : - Date of Birth Proof, 10<sup>th</sup>, Diploma / MBBS/MD /Certificate with mark-sheets Internship completion certificate/Medical Council Registration Certificate(MBBS/MD/MS/DOMS)Experience Certificates, Residence Proof, Photocopy of PAN Card, Passport Size Photo.**

# ADVANCED CENTRE FOR EYES

A RETINA SUPERSPECIALITY EYE INSTITUTE

4-D, KITCHLU NAGAR, LUDHIANA – 141001, PH. 0161-2304550

Mobile : - 98141-14678, 97811-14678, E-mail : advancedcentreforeyes@gmail.com

## Rules For Fellow

1. Duration of fellowship:- 1 Year
2. Stipend:- 15000/-
3. Accommodation is not provided by the hospital however, PG accommodation And Guest Houses are available are nearby.
4. Fellow is on emergency duties in the evening & night.
5. Fellowship training programme:-

**2months:-** Getting acquainted with hospital functioning, OPD work-ups, and methods of examination of fundus.

**4months:-** Medical retina

FFA + Laser + Ultrasound

**2months:-** allotted for research work and atleast one publication in the national (IJO) / international journal.

**4month:-** - Surgical retina

6. A fellow is entitled to a total of fifteen days leave during his tenure.
7. No drinking or smoking will be permitted in the hospital premises.
8. All Fellows are required to maintain a logbook.
9. Fellowship can be terminated any time, at the discretion of Hospital Authorities , if any candidate is found inefficient in performing his duties/breach of rules.
10. While there is ample opportunity to assist and observe all kind of V-R procedures, Fellows should not expect to do cases independently. As an when consultants gain confidence in their surgical abilities they will be asked to do curtailed steps along the way but not on their own.
11. During the first 15 days Fellow can join and observe the functioning of the hospital, & if they are convinced they would like to stay on for one year. They will then have to execute a refundable bond for 25000/-rupees.