



Dear Doctor,

Thanks for your enquiry for the short term Phaco course at Trinity Eye Hospital, we would suggest you to follow the below mentioned steps if you are keen on taking up the fellowship program:

- Please fill the Trinity Eye Hospital registration form.
- Please fill in the ICO-OSCAR form (SICS)- Self evaluate and send in back to us along with Registration form.
- The course schedule is also attached for your reference.
- Please do fill and send us these documents so that we could get your slot confirmed once the training fees of Rs 50,000/- Plus 18% GST is done.
- Accommodation is complimentary.
- Course duration would be for 4 weeks.

Please do contact us for any further assistance or clarifications

Thanks and Regards.



**Application for fellowship in**

1. Phacoemulsification (1 month)

2. Phaco fellowship (18 months)

3. Glaucoma (1 Year)

(Please tick the appropriate box)

**DECLARATION**

I hereby declare that all the information given in this form is true and accurate.

DATE:

PLACE:

Signature

**PERSONAL INFORMATION**

Name:  Father's/Spouse Name:

Mailing Address:  Permanent Address:

Phone No.:  Phone No.:

Date of Birth:  /  /  Age:  Sex:  M  F

Place of Birth:

District & State of Domicile:

Citizen of:  Mother Tongue:

Marital Status:  Married  Unmarried Child(ren):

**LANGUAGES KNOWN**

(tick in the relevant column if you have a working knowledge)

No.	Language	Speak	Read	Write
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCE DETAILS**

Name, Designation & Address of 3 persons (not related to you), whom we can contact for reference

No	Name and Designation	Address	How does this person know you
1			

2			
3			

### MEDICAL INFORMATION

#### Ophthalmology Residency/Post Graduation:

Examination Passed:

Institution:

Year of Passing:  Division:  No. of Attempts:

Date of Registration:  M.B.B.S Registration No.:

State and Country of Registration:

#### Brief Note of the thesis work:

### CAREER INFORMATION

#### Work Experience

No.	Organization	From	To	Designation
1.		/ /	/ /	
2.		/ /	/ /	
3.		/ /	/ /	

#### List Of Publications:

#### Academic Honors:

#### Membership in Scientific Societies:

Please state why this fellowship is desired & give the subject of any special interest or study that you might be interested in doing at Trinity Eye Hospital if the Fellowship is granted:

What are your ultimate future plans if you are granted the Fellowship at Trinity Eye Hospital?

Tentative date of fellowship: /  /

**OFFICE USE ONLY**

Selected  Yes  No

Period:  To:

Remarks:

**FOR SHORT TERM FELLOWSHIP IN PHACO EMULSIFICATION**

• Are you routinely using operating microscope for surgeries?  Yes  No

• Type of Cataract Surgery doing at present

ECCE  Manual SICS  Phacoemulsification

• Number of cataract surgeries performed

ECCE  Manual SICS  Phacoemulsification

• Have you used/made scleral tunnel incisions?  Yes  No

• Approximate No. of Scleral Tunnel Incisions performed

<10  10-25  25-50  50-100  >100

• Have you performed Capsulorhexis?  Yes  No

• No. of Casulorhexis performed

<10  10-25  25-50  50-100  >100

• No. of Independent Phaco Surgeries performed:

• Steps of Phaco Surgeries which you would like to improve:



- Interested in Premium Cases (The lens cost should be taken by the candidate)  Toric  Multifocal
- If possible, send your Surgical videos to analyze and verify during fellowship