

**DIRECTORATE GENERAL OF HEALTH SERVICES
(OPHTHALMOLOGY SECTION)**

APPLICATION FORM FOR IN-SERVICE TRAINING IN OPHTHALMOLOGY

1. Name of Eye Surgeon : _____ Age : ____ years Sex: M F

2. Designation : _____

3. Current Place of Posting : _____

4. Complete Postal Address : _____

5. Phone (with STD Codes) : _____ (Office/Fax)

_____ (Residence)

6. Email (if any) : _____

7. Educational Qualification :

Degree/ Diploma	Year	University

8. Professional Qualification :

Position	Duration	Place of Posting

9. Training Obtained :

Training Centre	Duration	Training Institution

10. Research Work : Enclose list of Important Publication

11. Field of Training Desired (enter Code) :

Code	Field of Study	Code	Field of Study
1	ECCE/ IOL Implantation Surgery	6	Pediatric Ophthalmology
2	Small Incision Cataract Surgery	7	Indirect Ophthalmology & Laser Techniques
3	Phaco Emulsification (If phaco emulsifier machine is available)	8	Vitreoretinal Surgery
4	Low Vision Services	9	Eye Banking & Corneal Transplantation Surgery
5	Glaucoma		

12. Place of Posting for Training :
North/ South/ West/ East

Training Institute :

Period/Date for Training :

Date :

Forwarded & Recommended

Signature of Applicant

Date :

Forwarded & Recommended

Signature & Seal of Head of Department

Signature & Seal of Head of Department