

Lotus Eye Hospital

(ISO- 9001 : 2008 Certified Hospital)

13th North South Road, Near Juhu Bus Terminus, Vithalnagar Society, Juhu, Mumbai – 400049

Affix Your
Passport Size
Photograph

Application Form for SICS and Phaco Training

Name Gender

Father's/Husband Name Date of Birth (DD/MM/YYYY)

Mobile No..... Landline No

E-mail Id Nationality

Present Address

.....

Permanent Address

.....

| S.No. | Educational Qualification | Name of the University | Year of Passing |
|-------|---------------------------|------------------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

(Please mention M.B.B.S., M.S., M.D., D.O.M.S., D.N.B., Fellowships etc)

- 1) Practicing Ophthalmology since
- 2) Self Employed or Employed anywhere
- 3) Type of Ophthalmic work
- 4) How many no. of ECCE/SICS surgeries are you doing per month?.....
- 5) Are you able to perform CCC?
- 6) Are you able to perform Scleral/Corneal tunnel?

- 7) Have you done any Phaco surgeries before? If yes then how many?
- 8) How did you come to know about this course?

Place:

Date:

Signature of the Candidate

Submit duly filled & signed application form along with cheque or demand draft of Rs. 80,000/- in the favor of **Lotus Hospitals Trust payable at Mumbai.**

Please attach Xerox Copy of:-

1. Pan card Copy
2. MMC Registration Certificate
3. M.S./D.O.M.S./D.N.B. Passing Certificate
4. Indemnity Policy

For further details please contact

Dr. Parul B. Shah 9820440936 / 9820140936
Reception 022-26207352 / 26207534 / 26236643