

# Lotus Eye Hospital

(ISO- 9001 : 2008 Certified Hospital)

13<sup>th</sup> 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. 50,000/- 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