**APPLICATION FORM**

Narayana Nethralaya

WOC,Rajajinagar ,1st R block

Bengalūru - 560 010

Phone: +91-80-66121300-4055

Email: [fellowship@narayananethralaya.com](mailto:fellowship@narayananethralaya.com)

|  |
| --- |
| Recent passport size  photograph |

**(Course Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. General Information:**

|  |  |  |
| --- | --- | --- |
| 01 | Name of the candidate |  |
| 02 | Father's/ Husband's / Guardian Name |  |
| 03 | Date of Birth |  |
| 04 | Correspondence Address |  |
| 05 | Permanent Address |  |
| 06 | Mobile Number |  |
| 07 | Email ID |  |

**II. Qualifications :** Details of Examination Passed (Copies of the certificates to be attached with the mail)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Exam | College/Institute | University / State | Month/ Year | Marks Secured & % | No. of Attempts |
| MBBS |  |  |  |  |  |
| PG Degree |  |  |  |  |  |
| Diploma |  |  |  |  |  |
| Others |  |  |  |  |  |

Medical Council Reg. No. (State/ Central)

Council Name -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Number\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Details of Teaching/ Work Experience** (Copies of certificates to be attached)

|  |  |  |  |
| --- | --- | --- | --- |
| Sl No | Name & Address of Employer/ Institution | Designation/ post held | Period of service  From To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify that the above information is correct and true to the best of my knowledge and belief and nothing has been concealed/ forged. If at any time I am found to have concealed/ forged any material information, my admission shall be liable to termination without notice/ compensation.

Place:

Date Signature of the Candidate

**Note**

Following documents to be attached with the mail

(Email – [fellowship@narayananethralaya.com](mailto:fellowship@narayananethralaya.com)) –

1. Education Qualification

2. SSLC Marks Card (Date of Birth)

3. 12th Standard Marks card

4. MBBS Marks card

5. MBBS Degree Certificate

6. Internship Completion Certificate (One Year)

7. PG Marks Card

8. PG Degree Certificate

9. UG & PG Registration (MCI/ State) Certificate

10. Experience Certificates

11. Other relevant documents

**For Office Use Only**

Received the application on. ..................................................... (Date and Time)

Seal

Received by

Name:

Designation:

Signature:

* Application shall be scrutinized for eligibility before placing before the Selection Committee.
* The Selection committee shall document the eligible and non-eligible applicants.
* The Selection Committee shall consist the following members  
  i. Head of the Institute/ Chairman  
  ii. Head of Department / Speciality  
  Iii. Head of Department / Speciality  
  iv. Academic Director