

Retina-Fellowship

Excellence in India

Application form

Title, first name, last name: _____

Birthday (dd.mm.yy) / place: _____ / _____

Sex / Nationality / Previous nationality: _____ / _____ / _____

Private address: _____

Phone / e-mail: _____ / _____

Employer / position: _____ / _____

Work address: _____

Are you a board-certified ophthalmologist? / Since when? _____ / _____

What could be your earliest starting- / latest end date? _____ / _____

What program are you applying for (3, 6 or 9 months)? _____

How good, on a scale from 1 (low) to 5 (high) would you consider your personal expertise / skill level, concerning following aspects:

Subject	1	2	3	4	5
Medical retina					
Slit lamp examination (anterior segment)					
Slit lamp fundus examination (90D ...)					
Binocular indirect ophthalmoscopy (20D ...)					
Indentation binocular indirect ophthalmoscopy (20D ...)					
Oculoplastic surgery (blepharoplasty, levator resection ...)					
Strabismus surgery (recession, resection, plication ...)					
Refractive surgery (PRK, LASIK, ReLEx smile ...)					
Corneal surgery (DALK, DMEK, keratoplasty ...)					
Anterior segment surgery (ICCE, ECCE, Phaco ...)					
Posterior segment surgery (vitrectomy, Buckle, Peeling ...)					

Any further remarks? _____

Signature, date, place

Retina-Fellowship

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