

**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 Code) : \_\_\_\_\_ (Office/Fax)  
: \_\_\_\_\_ (Residence)  
: \_\_\_\_\_ (Mobile)
6. E-Mail (compulsory) : \_\_\_\_\_
7. Educational qualification:

Degree/Diploma	Year	University

8. Professional qualification:

Position	Duration	Place of posting

9. Training(s) obtained :

Name of training obtained under NPCB	Duration	Name of training centre

10. Research work : Enclose list of important publications, if any

11. Field of training desired (enter code):

Code	Field of training	Duration
1	ECCE/IOL Implantation	2 months
2	SICS	2 months
3	Phaco Emulsification	2 months
4	Glaucoma Diagnosis & Surgical Management	2 months
5	Eye Banking & Keratoplasty hands-on training	2 months
6	Oculoplasty	2 months
7	Strabismus Diagnosis Management both Medical and surgical	2 months
8	Pediatric Ophthalmology	2 months
9	Low Vision Services	One week
10	Medical Retina & Laser Techniques	3 months
11	Vitreo Retinal Surgery	3 months

12. Preference for place of posting for training: North/South/West/East

Training Centre:

Period/date of training:

\_\_\_\_\_  
Signature of applicant

Date:

Forwarded & recommended

\_\_\_\_\_  
Signature & seal of HOD