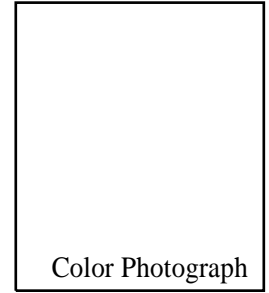


Fellowship Application Form

INSTRUCTIONS:

Please read the instructions carefully before completing the form:

- i) All sections are to be neatly completed. If not applicable, indicate N/A.
- ii) Complete the application form in English.
- iii) A passport sized color photograph should be affixed to your application.
- iv) Supporting documents related to your course should be attached with the application



Fellowship Program Applying For

PERSONAL INFORMATION			
NAME			
FATHER'S NAME			
MOTHER'S NAME			
PRESENT ADDRESS			
PERMANENT ADDRESS			
NATIONAL ID/BIRTH REG. NO		BMDC REG. NO	
CONTACT NUMBER		EMAIL:	
DATE OF BIRTH (DD/MM/YYYY)			
BLOOD GROUP		GENDER	
RELIGION		NATIONALITY	

EMPLOYMENT INFORMATION	
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill up the following:	
PRESENT JOB POSITION	
PRESENT JOB INSTITUTION	
PRESENT JOB DURATION	FROM: _____ TO: _____

ACADEMIC QUALIFICATION (start with your most recent degree)				
DEGREE	INSTITUTION	UNIVERSITY	GRADE	YEAR

PROFESSIONAL EXPERIENCES				
SPECIALTY	INSTITUTION	TO DD/MM/YY	FROM DD/MM/YY	DURATION

SURGICAL EXPERIENCES			
NAME OF SURGERY	NUMBER DONE	DONE INDEPENDENTLY	DONE WITH ASSISTANCE

FUNDING & PAYMENTS	
Please indicate your intended source of funding below with a tick mark.	
SELF-FINANCED	SPONSORED
Sponsor's Details	
NAME OF THE ORGANIZATION	
NAME OF THE CONTACT PERSON	
CONTACT NUMBER	
Please indicate your method of payment below with a tick mark.	
CASH	DD
	WIRE TRANSFER

DECLARATION

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION AND THE SUPPORTING DOCUMENTS ARE CORRECT, TRUE AND COMPLETE.

DATE:

SIGNATURE OF THE APPLICANT

PLEASE ENCLOSE:

- Academic Certificates
- BMDC Registration
- National Identity Card (NID)
- Certificates of Experiences/ Surgical / Clinical Training (if any)
- No objection certificate from the head of present organization (if employed)

Please scan this application form (duly filled in) and required documents and send the scanned copies to: dico.decf@gmail.com or by post to the following address: Executive Director, Deep Eye Care Foundation, Darshona, Akkelpur, Rangpur.