



# Nepal Eye Hospital

Tripureshwor, Kathmandu

## Application Form for Fellowship in Ophthalmology Subspecialty

(Please fill in BLOCK letters)

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Photo

### 1. Personal Information:

Full Name	
Date of Birth (DD/MM/YYYY)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality	<input type="checkbox"/> Nepali <input type="checkbox"/> Other, specify -
Citizenship No.	
Passport No.	
Permanent Address	
Current Address	
Email Address	
Phone Number	

### 2. Fellowship Details:

Subspecialty Applying For	<input type="checkbox"/> Paediatric Ophthalmology & Strabismus <input type="checkbox"/> Orbit, Oculoplasty and Lacrimal (OPAL) <input type="checkbox"/> Glaucoma <input type="checkbox"/> Vitreo Retina <input type="checkbox"/> Medical Retina/Uvea
Funding Type	<input type="checkbox"/> Sponsored <input type="checkbox"/> Self-Paid If sponsored, name of sponsoring organization:

### 3. Academic Qualifications:

Degree	Institution Name	Year of Completion
MD/MS Ophthalmology		
MBBS		
Other (if any)		

### 4. Professional Experience:

Position Held	Institution	Duration (From–To)	Responsibilities

### 5. Medical Council Registration:

Registered With (Name of Council)	Registration Number	Date of Registration

## 8. Document Checklist (Attach Copies):

- ☐ Curriculum Vitae
- ☐ Academic Certificates and Transcripts (MBBS, MD/MS Ophthalmology)
- ☐ Medical Council Registration Certificate
- ☐ Citizenship
- ☐ Passport Copy (For foreign candidate)
- ☐ Work Experience Certificate
- ☐ Certificate of Surgery Performed

## 9. References

Name	Designation	Organization	Contact no.	Email

## Declaration:

I hereby declare that all the information provided above is true and correct to the best of my knowledge. I understand that providing false information may lead to disqualification from the fellowship.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_