



Please submit to:
Asia Cornea Society Secretariat
11 Third Hospital Avenue
Singapore 168751
Email: acs@sneec.com.sg Website: <http://www.asiacorneasociety.org>

**APPLICATION FOR
 ASIA CORNEA SOCIETY – SANTEN ASIA EDUCATIONAL GRANT FOR CORNEAL OBSERVERSHIP**

THIS APPLICATION WILL BE CONSIDERED ONLY WHEN YOUR OBSERVERSHIP IS ACCEPTED BY THE TRAINING INSTITUTION.

INSTRUCTIONS

Please read the instructions carefully before completing the form.

- i) I wish to embark on this training attachment to achieve the learning objectives(Please be as specific as possible) :
 - a. _____
 - b. _____
 - c. _____
- ii) **Please disclose your clinician experience/research experience for example, surgeries performed, research projects undertaken etc. (Compulsory)**
NOTE: You need to have completed at least one (1) year of corneal fellowship.
- iii) Please enclose copies of your medical and corneal training, transcripts of academic results and testimonials

1. PERSONAL PARTICULARS

Name : _____ Passport No: _____
 (Underline family name or surname)

Home Address: _____

 _____ Country: _____

Postal Address: _____

 _____ Country: _____

Tel (Office) : _____ Tel (Residence) : _____

Mobile Phone : _____ Fax : _____

E-mail: _____ Gender : _____

Date of Birth : _____ Age : _____ Nationality: _____



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6. HOUSEMANSHIP

From	To	Name of Institution	Country	Specialty

7. RESIDENCIES

From	To	Name of Institution	Country	Specialty

**8. PAST AND PRESENT APPOINTMENTS AND PROFESSIONAL EXPERIENCE
(INSTITUTIONAL & PRIVATE)**

From	To	Name of Hospital	Country	Medical Staff Position

9. PAST AND PRESENT TEACHING POSITIONS (IF APPLICABLE)

From	To	Name of Medical School or Institution	Country	Faculty Position and Department



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14. 5 REFEREES* (At least 2 Referees.)

Full Name	Address, Fax No. and Email Address	Designation, Institution & Country of Work

** Referees should either be department heads or direct supervisors who are familiar with your work.*

15. DECLARATION

I declare that the information given in the application are true to the best of my knowledge and that I have not wilfully suppressed any material fact.

Date

Signature of Applicant

