



Please submit to:

Asia Cornea Society Secretariat

11 Third Hospital Avenue

Singapore 168751

Email: [acs@sne.com.sg](mailto:acs@sne.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