

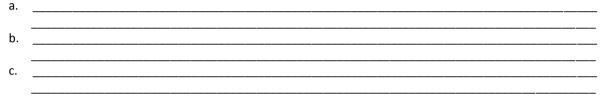
APPLICATION FOR ASIA CORNEA SOCIETY – SANTEN ASIA EDUCATIONAL GRANT FOR CORNEAL OBSERVERSHIP

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) :



 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: | |
|-----------------|------------------|------------------|--|
| | name or surname) | | |
| Home Address: | | | |
| | | | |
| | | Country: | |
| Postal Address: | | | |
| | | | |
| | | Country: | |
| Tel (Office): | | Tel (Residence): | |
| Mobile Phone: | | Fax: | |
| E-mail: | | Gender: | |
| Date of Birth: | Age: | Nationality: | |



Website: http://www.asiacorneasociety.org

2. PRE-MEDICAL EDUCATION

| From | То | Name of School/College | Country | Qualification Attained |
|------|----|------------------------|---------|------------------------|
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3. MEDICAL SCHOOL BASIC DEGREE

| From | То | Name of Medical School | Country | Language of | Qualifications Attained |
|------|----|------------------------|---------|-------------|-------------------------|
| | | | | Instruction | |
| | | | | | |
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4. OTHER DEGREES /HONOURS /FELLOWSHIPS /POSTGRADUATE COURSES

| From | То | Name of Institution | Country | Language of | Qualifications Attained or |
|------|----|---------------------|---------|-------------|----------------------------|
| | | | | Instruction | Specialty |
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5. CORNEA SURGERIES PERFORMED

| Title of Surgeries Performed | Number of Surgeries Performed |
|------------------------------|-------------------------------|
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6. HOUSEMANSHIP

| From | То | Name of Institution | Country | Specialty |
|------|----|---------------------|---------|-----------|
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7. RESIDENCIES

| From | То | Name of Institution | Country | Specialty |
|------|----|---------------------|---------|-----------|
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8. PAST AND PRESENT APPOINTMENTS AND PROFESSIONAL EXPERIENCE

(INSTITUTIONAL & PRIVATE)

| From | То | Name of Hospital | Country | Medical Staff Position |
|------|----|------------------|---------|------------------------|
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9. PAST AND PRESENT TEACHING POSITIONS (IF APPLICABLE)

| From | То | Name of Medical School or Institution | Country | Faculty Position and Department |
|------|----|---------------------------------------|---------|---------------------------------|
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10. PERCENTAGE OF PRACTICE: GENERAL OPHTHALMOLOGY/SUB-SPECIALTIES

| Name of Sub-specialty Field | Percentage of Work in Special Field |
|-----------------------------|-------------------------------------|
| | % |
| | % |
| | % |

11. PROFESSIONAL MEMBERSHIPS

| Date | Society | Title/Memberships |
|------|---------|-------------------|
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12. PUBLICATIONS (ATTACH SEPARATE SHEET IF NECESSARY)

| Date | Journal | Title/Co-Authors |
|------|---------|------------------|
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13. LIST ATTENDANCE AT REGIONAL/INTERNATIONAL SCIENTIFIC MEETINGS AND

INDICATE IF PRESENTED PAPERS OR CO-ORDINATED/CHAIRED SESSIONS

| Year | Name of Meeting | If Presented Papers, Posters or co-ordinated sessions, please give details |
|------|-----------------|--|
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14. 5 REFEREES* (At least 2 Referees.)

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