

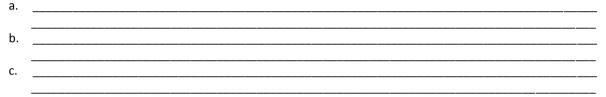
APPLICATION FOR ASIA CORNEA SOCIETY – SANTEN ASIA EDUCATIONAL GRANT FOR CORNEAL OBSERVERSHIP

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

3. MEDICAL SCHOOL BASIC DEGREE

From	То	Name of Medical School	Country	Language of	Qualifications Attained
				Instruction	

4. OTHER DEGREES /HONOURS /FELLOWSHIPS /POSTGRADUATE COURSES

From	То	Name of Institution	Country	Language of	Qualifications Attained or
				Instruction	Specialty

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

7. RESIDENCIES

From	То	Name of Institution	Country	Specialty

8. PAST AND PRESENT APPOINTMENTS AND PROFESSIONAL EXPERIENCE

(INSTITUTIONAL & PRIVATE)

From	То	Name of Hospital	Country	Medical Staff Position

9. PAST AND PRESENT TEACHING POSITIONS (IF APPLICABLE)

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



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

12. PUBLICATIONS (ATTACH SEPARATE SHEET IF NECESSARY)

Date	Journal	Title/Co-Authors

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

* 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