



BB EYE FOUNDATION

'Sukhsagar', 2/5 Sarat Bose Road, Minto Park, Kolkata - 700 020

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Mobile: 9163940000, 9163944770, 9836789507

Please affix
your
Passport
Size
Photograph

APPLICATION FORM FOR LONGTERM FELLOWSHIP

Tick your fellowship of interest (maximum 2)

- a) Cataract & Refractive Surgery (2 years)
- b) Comprehensive Ophthalmology (2 years)
- c) Glaucoma (2 years)
- d) Medical Retina (2 years)

I. PERSONAL INFORMATION:

a. Full Name _____
 FirstName Middle Name Last Name

b. Gender: Male Female

c. Age: Date of Birth

d. Marital Status: Single Married

e. Address for Communication

Pincode:

Telephone/Mobile:

E. Mail:

Permanent Address

Pincode:

Telephone/Mobile:

II. PROFESSIONAL INFORMATION:

a) PG Qualification (Degree/Diploma)

Name of the College:

Name of the University/Board

State Medical Council Registration No.

Year of Passing

Total marks obtained

No. of Attempts:

Distinction (if any of the subject)

b) M B B S Degree Particulars

Name of the College

Name of the University

State Medical Council Registration No.

Year of passing:

Attach your CV:

Date:(with Time)

Signature:(JPG)

Email completed form along with CV to:

Ms Sreemoyee Bhattacharjee

Incharge Operation

Email: **bbefincharge.operations@gmail.com**