Ispahani Islamia Eye Institute and Hospital
Bangladesh

Sher-e-Banglanagar, Farmgate. Dhaka-1215
Ph. 9119315, 8112856 E-mail: education@islamia.org.bd

Photograph

SURGICAL TRAINING APPLICATION FORM

INSTRUCTIONS: Please read the instructions carefully before completing the form:

i) All sections are to be neatly completed. If not applicable, indicate N/A.
ii) Attach extra sheet if there is not enough space available.
iii) Please do not leave any area blank, to prevent delay of your paper work.
iv) Complete the application form and mail or drop off at:
Ispahani Islamia Eye Institute & Hospital, Sher-e-Banglanagar, Farmgate. Dhaka-1215
OR
Email at: education@islamia.org.bd

NAME			
TELEPHONE			
PRESENT ADDRESS			
MAILING ADDRESS			
EMAIL ADDRESS			
PRESENT JOB POSITION			
PRESENT JOB INSTITUTION			
PRESENT JOB DURATION (weeks)	From To		
DATE OF BIRTH D/M/YR		SEX	M/ F
COUNTRY OF RESIDENCE		NATIONALITY	
		RELIGION	
COURSE NAME			

ACADEMIC RECORDS: MEDICAL EDUCATION				
DEGREE	INSTITUTION	YEAR	LANGUAGE OF INSTRUCTION	UNIVERSITY AFFILIATED WITH INSTITUTION
MBBS or MD Medical Degree				
Others				

TRAINING RECORDS:				
SPECIALTY	INSTITUTION	FROM D/M/YR	TO D/M/YR	DURATION

EMPLOYMENT RECORDS: Start with your present or most recent post.				
MEDICAL STAFF POSITION	INSTITUTION	FROM D/M/YR	TO D/M/YR	DURATION

SURGICAL EXPERIENCE*:CATARACT*				
Types of Surgery done (Write number)		**Experience of different steps of surgery** (Circle as necessary)		**Surgical facilities available at your working place.** (Circle as necessary)
		Flap	Fornix Base	Separate Eye OT Yes/No
ECCE			Limbal base	
SICS		**Incision**	Corneal	
Phaco			Limbal	
Level of involvement in surgery (Write number)		**Capsulotomy**	Capsulorhexis	Operating Microscope Yes/No
			Others	
Step Surgery only		**IOL insertion**	Yes/ No	
Assisted		**Anaesthesia**	Retrobulbar	
Independent			Peribulbar	

SURGICAL EXPERIENCE: *Other Surgeries*				
Category of Surgery	**Name of Surgery**	**Number done**	**Done Independently**	**Done with Assistance**
Intraocular				
Extra ocular				

REFERENCES : List 2 People, not related to you, who are familiar with your work.

NAME	MAILING AND EMAIL ADDRESS,PHONE NUMBER	DESIGNATION	INSTITUTION (if any)

Mandatory for foreign candidates:
It is a requirement of IEH that all foreign doctors applying for the short course understand English. Choose from below to indicate level of your language knowledge.

ENGLISH	**EXCELLENT**	**GOOD**	**LOW**	**NONE**
Speak				
Read				
Write				

All fellows should ensure that they have sufficient funding for the duration of their course and that payment is completed before candidate arrives for the course. Please indicate your intended source of funding below.

☐ Government Candidate	☐ Private	☐ NGO	☐ Self-funded	☐ Others ----------

Please indicate your method of payment below with a tick mark.		
☐ Cash	☐ Check	☐ Wire Transfer

All Foreign candidates must obtain relevant visa requirements & health insurance for their stay in Bangladesh

Please give below any other information you feel is relevant to your application:

_____

_____

_____

Please attach with the application, the following documents and indicate with a tick mark:	
BANGLADESHI CANDIDATES	FOREIGN CANDIDATES
☐ CV/Resume with signature. ☐ Photographs (4 copies) ☐ Photo-copy of medical degree certificate and post-graduation degree certificate. ☐ Photo-copy of registration certificate of practice.	☐ CV/Resume (each page has to be signed by candidate) ☐ Scanned copy of passport sized coloured Photographs ☐ Scanned copy first 4 pages of the passport ☐ Scanned copy of the medical degree certificate and post-graduation degree certificate ☐ Scanned copy of signed medical degree certificate and post-graduation degree certificate attested by High Commission /Mission/Embassy of Bangladesh in country of residence ☐ Scanned copy of registration certificate of practice attested by High Commission/ Mission/Embassy of Bangladesh in country of residence ☐ Completed application form of Bangladesh Medical and Dental Council

DECLARATION

I hereby declare that all the information given in this form is true and accurate.

_____

Signature **Date**