

Sher-e-Banglanagar, Farmgate. Dhaka-1215 Ph. 9119315, 8141969 E-mail: education@islamia.org.bd Web: http://www.islamia.org.bd/

FELLOWSHIP APPLICATION FORM

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

- i) All sections are to be neatly completed with CAPITAL LETTER.
- ii) If any section not applicable, indicate N/A.
- iii) Attach extra sheet if there is not enough space available.
- iv) Please do not leave any area blank.
- v) 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

PERSONAL INFOR	RMATION			
NAME				
TELEPHONE	НОМЕ		OFFICE	
	CELL			
ADDRESS	PRESENT:			
	MAILING:			
EMAIL ADDRESS				
PRESENT JOB	POSITION			
	NAME & ADDRESS OF THE INSTITUTION			
	NATURE OF INSTITUTION	☐GOVT.☐DEFENSE/MI	□NGO □ ILITARY	PRIVATE
	DURATION	FROM		TO
DATE OF BIRTH D/M/YR & AGE		SEX:		GENDER: M/F
NATIONALITY		RELIGION:		
COUNTRY PRESENTLY STAYING				
FELLOWSHIP COURSE NAME				

Photograph

ACADEMIC RECORDS OF MEDICAL EDUCATION:					
DEGREE	INSTITUTION	YEAR	LANGUAGE OF	UNIVERSITY	
			INSTRUCTION	AFFILIATATION OF THE INSTITUTION	
MBBS OR MD				morrion	
MEDICAL					
DEGREE					
FCPS/MS/DO/					
MCPS/DCO					
OTHERS					

TRAINING REC	CORDS:			
SPECIALTY	INSTITUTION	FROM D/M/YR	TO D/M/YR	DURATION

SURGICAL EX	PERIENCE:			
CATAGORY OF SURGERY	NAME OF SURGERY	NUMBER DONE	DONE INDEPENDENTLY	DONE WITH ASSISTANCE
INTRAOCULAR				
EXTRAOCULAR				

EMPLOYMENT RECORDS: START WITH YOUR PRESENT OR MOST RECENT POST				
MEDICAL STAFF	INSTITUTION		TO	DURATION
POSITION		D/M/YR	D/M/YR	

REFERENCES:	List 2 People	e, not related to yo	u, wh	o are fa	miliar with y	our work.
NAME		CAL AND EMAIL DRESS, PHONE		DESIGN	IATION	INSTITUTION (if any)
Mandatory for foreMust obtain inMust underst	elevant visa	tes: requirements & he	alth i	nsuranc	ce for their st	ay in Bangladesh.
FUNDING & PAYME All fellows should en payment is complete Please indicate your	nsure that the ted before ca	ndidate arrives fo	r the	course		their course and that
Government Candidate	Private	□ NGO		Self	-funded	Others
Please indicate you	ır method of	f payment below v	with a	a tick m	ark.	
Cash		Check	Check		☐ Wire Transfer	
Please give below a	any other inf	formation you fee	l is r	elevant	to your app	lication:

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. Photo-copy NID	 □ CV/Resume with signature. □ Photographs (8 copies) □ First 4 pages of the passport scanned. □ Photocopy and sign each page 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					