



# Ispahani Islamia Eye Institute and Hospital Bangladesh

Sher-e-Bangla Nagar, Farmgate, Dhaka-1215  
Phone: 02-8141969, 02-5528622

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](mailto:education@islamia.org.bd)

NAME				
TELEPHONE				
PRESENT ADDRESS				
MAILING ADDRESS				
EMAIL ADDRESS				
PRESENT JOB POSITION				
NATURE OF INSTITUTE	<input type="checkbox"/> GOVT	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> NGO	<input type="checkbox"/> DEFENSE/ MILITARY
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				

<b>ACADEMIC RECORDS: MEDICAL EDUCATION</b>				
DEGREE	INSTITUTION	YEAR	LANGUAGE OF INSTRUCTION	UNIVERSITY AFFILIATED WITH INSTITUTION
MBBS or MD Medical Degree				

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

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

<b>SURGICAL EXPERIENCE : CATARACT</b>				
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)
ECCE		<b>Flap</b>	Fornix Base	Separate Eye OT Yes/No
SICS		<b>Incision</b>	Limbal base	
Phaco			Corneal	
			Limbal	
Level of involvement in surgery (Write number)		<b>Capsulotomy</b>	Capsulorhexis	Operating Microscope Yes/No
Step Surgery only			Others	
Assisted		<b>IOL insertion</b>	Yes/ No	
Independent		<b>Anaesthesia</b>	Retrobulbar	
			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.**

<input type="checkbox"/> Government Candidate	<input type="checkbox"/> Private	<input type="checkbox"/> NGO	<input type="checkbox"/> Self-funded	<input type="checkbox"/> Others -----
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**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:**

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**Please attach with the application, the following documents and indicate with a tick mark:**

BANGLADESHI CANDIDATES	FOREIGN CANDIDATES
<ul style="list-style-type: none"><li><input type="checkbox"/> CV/Resume with signature.</li><li><input type="checkbox"/> Photographs ( 4 copies)</li><li><input type="checkbox"/> Photo-copy of medical degree certificate and post-graduation degree certificate.</li><li><input type="checkbox"/> Photo-copy of registration certificate of practice.</li><li><input type="checkbox"/> NID</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> CV/Resume (each page has to be signed by candidate)</li><li><input type="checkbox"/> Scanned copy of passport sized colored Photographs</li><li><input type="checkbox"/> Scanned copy first 4 pages of the passport</li><li><input type="checkbox"/> Scanned copy of the medical degree certificate and post-graduation degree certificate</li><li><input type="checkbox"/> Scanned copy of registration certificate of practice</li><li><input type="checkbox"/> Completed application form of Bangladesh Medical and Dental Council</li><li><input type="checkbox"/> Filled MEDICAL FITNESS DECLARATION</li></ul>

**DECLARATION**

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

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**Signature**

**Date**