

# Chevron Eye Hospital and Research Center

Chevron Clinical Lab (Pte.) Ltd. (Level : 7 - 8), Room No.-719

12/12, O. R. Nizam Road, Panchlaish, Chattogram.

E-mail: chevroneyehospital@gmail.com

Photograph

## Fellowship / Training Application Form

Fellowship / Training Program for which you are applying:

### Personal Information

Full Name : \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address : \_\_\_\_\_

Present Organization: \_\_\_\_\_

Cell Phone : \_\_\_\_\_ E-mail: \_\_\_\_\_

### Education

Post Graduate Degree	University/Institute	Year

### Clinical Experience

Position / Title	Institution / Hospital	Duration

### Surgical Experience

Extraocular		Intraocular	
Name of Surgery	No(s).	Name of Surgery	No(s).

Applicant's Signature

Date: \_\_\_\_\_

### Please enclose :

- Educational Certificates.
- BMDC Registration
- National Identity Card (NID)
- Certificates of Surgical / Clinical Training ( if any)
- No objection certificate from the head of present organization (if employed)

*Please scan this application form (duly filled in) and required documents and send the scanned copies to: chevroneyehospital@gmail.com*