



Education Center
Application for training in Manual SICS

Name

Present Address

Permanent Address

Date of Birth

Gender: Male Female

Qualifications

Examination Passed	Institution	Year of passing
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MBBS

DO/DOMS

MS/MD

Dip.NB(MNAMS)

Present Employment: Private Practice
 Institutional Practice
 Government Practice

Institution

Designation

Nature of work &
Responsibilities

Doing Microsurgery
since when?

Surgical Experience (Give avg in the last 3 months)

No. of Cataract Surgeries done per month

No. of Surgeries performed under
microscope

No. of SICSs

No of SICSs with IOL

No. of ECCEs

No. of ECCEs with IOL

No. of ICCE

No of ICCE with IOL

Describe facilities available at present in your Institution for cataract surgery

Manufacturer

Number

A Scan

Slit Lamp

Keratometer

Operating Microscop

Dates suitable to begin Training Program

- 1.
- 2.

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

Signature