

Institute of Ophthalmology, Joseph Eye Hospital, Tiruchirapalli invites application for admission into MS (Ophthalmology) and Diploma in Ophthalmology

The Application Cost is Rs. 1500/- for each Course (MS and DO). The demand draft should be drawn in favour of "Institute of Ophthalmology, Joseph Eye Hospital" payable at Tiruchirapalli and should be sent along with the completed application. Candidates can apply for one course only.

The last date for receiving completed application: 08<sup>th</sup> March 2012

Date of entrance and Interview: 17<sup>th</sup> March 2012

Venue of Entrance Examination:

**Institute of Ophthalmology  
Joseph Eye Hospital  
Melaputhur  
Tiruchirapalli – 620 001  
Tamilnadu**

**Send the completed application form and along with demand draft and photocopies of certificates to:**

**The Registrar  
Institute of Ophthalmology  
Joseph Eye Hospital  
Melaputhur  
Tiruchirapalli – 620 001  
Tamilnadu**

**Tel: 0431- 2460622, 2462862**

**Note: Incomplete application forms will be rejected and will not be processed.**

**Certificate and documents to be sent with the application:  
(Send only photocopies)**

- 1. Statement of marks of MBBS and DO (if post DO) Examinations**
- 2. Certificate of Compulsory Rotatory House Surgeoncy Internship**
- 3. Medical Permanent Registration Certificate**
- 4. MBBS degree certificate or Provisional Certificate. If post DO, enclose the convocation or provisional certificate**
- 5. 10<sup>th</sup> & 12<sup>th</sup> standard Mark statement**
- 6. Certificates of merits, prizes, medals etc. obtained in any subject**
- 7. Service certificate indicating the details of service put in by the candidate in various institutions**
- 8. Eligibility Certificate issued by the Dr.MGR Medical University, Chennai**
- 9. Community Certificate**
- 10. Conduct certificate from College, last studied**
- 11. No objection certificate (No objection certificate should be obtained from the employer if candidate is employed and in case of candidate is from Government service the application should be forwarded through proper Channel)**
- 12. Social Service of Professional Character**
- 13. Any specific references not mentioned above.**
- 14. Application fee of Rs.1,500/- as a crossed demand draft**

**(Please refer to the details in the prospectus)**

**Important: Any application which is defective or incomplete or received after due date will be rejected summarily.**


Office use:

Date received:

Application Sl.No:

Application Regn. No:

Registration Receipt No:

	<p>INSTITUTE OF OPHTHALMOLOGY JOSEPH EYE HOSPITAL T.E.L.C. TIRUCHIRAPALLI (Affiliated to the Tamilnadu Dr.MGR Medical University)</p>	<p><b>Affix Passport size photograph</b></p>
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**(Strike those not applicable)**

1.	Course applied for (please Tick):	<b>M.S. in Ophthalmology</b> <b>Diploma in Ophthalmology</b>
2.	Name of the candidate (in BLOCK letters)	
3.	Expansion of initials (in BLOCK letters)	
4.	Sex	<b>Male      Female</b>
5.	Marital Status	<b>Married   Single</b>
6.	Date of Birth (DD/MM/YYYY)	
7.	Nationality	
8.	Place of Birth	
9.	Religion	

10.	Residential Address, email, Tel.No	
11.	Parent's/Guardian's Name and Occupation	
12.	Parent's/Guardian's Address, Tel. No	
13.	Medical Qualification	
14.	College/ University	
15.	Month & year of Passing	
16.	If there are failures, specify subject(s) and number of attempts in each	
17.	Prizes, Medals gained in MBBS course subjects	

18.	Period and nature of work done after passing MBBS	
19.	Medical Council Registration Number & Date	
20.	<p>A check list of copies of certificates to enclosed in the following order</p> <ol style="list-style-type: none"> <li>1. Statement of marks of MBBS and MBBS &amp;DO (if post DO) Examinations</li> <li>2. Certificate of Compulsory Rotatory House Surgeoncy Internship</li> <li>3. Medical Permanent Registration Certificate</li> <li>4. MBBS degree certificate or Provisional Certificate. If post DO, enclose the convocation or provisional certificate</li> <li>5. 10<sup>th</sup> &amp; 12<sup>th</sup> standard Mark statement</li> <li>6. Certificates of merits, prizes, medals etc. obtained in any subject</li> <li>7. Service certificate indicating the details of service put in by the candidate in various institutions</li> <li>8. Eligibility Certificate issued by the Dr.MGR Medical University, Chennai</li> <li>9. Community Certificate</li> <li>10. Conduct certificate from College, last studied</li> <li>11. No objection certificate (No objection certificate should be obtained from the employer if candidate is employed and in case of candidate is from Government service the application should be forwarded through proper Channel)</li> <li>12. Social Service of Professional Character</li> <li>13. Any specific references not mentioned above.</li> <li>14. Application fee of Rs.1, 500/- as a crossed demand draft</li> </ol>	
21.	<p>Application and Registration fee of Rs. 1500/- enclosed by crossed demand draft No. .... dated..... Drawn on.....  ..... in favour of "Institute of Ophthalmology, Joseph Eye Hospital, Tiruchirapalli.</p>	

### Qualification

Examination passed	Institution	University	Month & Year of Passing	Division
MBBS				

**Special Distinctions, Awards & Publications if any:**

### MARKS OBTAINED IN MBBS

	SUBJECT	Max. Marks	Marks Obtnd	%	No. of attempts		SUBJECT	Max. Marks	Marks Obtnd	%	No. of attempts
1.	ANATOMY					7.	S.P.M.				
2.	PHYSIOLOGY					8.	MEDICINE				
3.	PHARMACOLOGY					9.	SURGEY				
4.	PATH & BACT					10.	OBST & GYN				
5.	FORENSIC MED					11.	ENT				
6.	EYE						Total				

**MBBS Registration No:** .....

**State where registered:** .....

**Date of Registration:** .....

COMPULSORY ROTATORY HOUSE-SURGEONCY			SENIOR HOUSE-SURGEONCY		
Institution:			Institution:		
Posting at	From	To	Posting at	From	To
Medicine			Ophthalmology		
Surgery					
Obst. & Gyn					
S.P.M					
Public Health					

**WORK EXPERIENCE**

Organisation	From	To	Nature of work

**DECLARATION BY THE CANDIDATE**

I ..... do hereby solemnly and sincerely affirm that the statement made and information furnished in my application and also in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished thereto is untrue in material particulars, I realize that I am liable for criminal prosecution besides forgoing my seat in the Institute at any stage.

If selected for MS/DO in Ophthalmology, I do hereby solemnly and sincerely affirm that I shall work at any one of the peripheral units of this Hospital for a period of two years after successful completion of the above course.

Signature of Parent/Guardian

Signature of the candidate

Station:

Date :