CSI Observership Program (Application Form)



Name :				
CSI Membership Nu	ımber :			
*Mobile:			Ph. No. (Res)	
*E-mail:				
*Address :				
City	Pin Code :			
State :	Country :			
Observership Kindly select your	choice of Cat	egory & Insti	tute (first & second	l choice)
Category				
1. General 🗌	2. Refractive	Surgery \square	3. Infections \square	4. Diagnostics
5.Eye Banking 🗌	6. Ocular Surface 7. Corneal Transplantation			
Institute				
1. AIIMS □		2. LV Prasad	Eye Institute \square	3. Sankara Nethralaya □
4. Aravind Eye Hos	pitals 🗌	5. Narayana	Nethralaya \square	6. Disha Eye Hospital \square
Please indicate if yo (Jan – Dec 2017)		ference with	regards to timing of t	this observership program.
			ration, and a grant of	f Rs. 20,000 will be given to each
List of selected cand	didates for 201	7 will be anno	ounced during kerace	on 2016 meeting at Lavasa
The travel grant is located in a differen				e only if the selected candidate is
The candidate has	to submit the	e travel ticke	ts along with other	documents after completion of

Candidate will be expected to maintain a record of daily activities during this observership program and obtain a completion letter from the participating institute. Both these documents should be sent to CSI office for record purpose. A formal certificate regarding this observership will be issued at the

Submit the form to

observership program.

annual Keracon meeting in December 2017.

Cornea Society of India #82/20, Ground Floor, 4th Cross, Brindavan Nagar Mathikere Bangalore - 560054.

