**GOMABAI NETRALAYA, NIMACH (MP)**

**Interested Ophthalmologist can mail or send their Resume in the following format.**

# CURRICULUM VITAE

# 

1. Full Name :
2. Registration No. :

1. Date of Birth :
2. Marital Status (Married / Bachelor) :
3. If married, whether spouse is a :

medico?

If yes, his/her subject of specialization.

1. Contact address with phone, fax no. & :
2. e-mail
3. Qualifications with year of passing, :

division, name of college/ university.

(in case of fellowship, give details)

1. Academic Interest ( Specialty ) :
2. Hobbies :
3. Long term ambition :
4. Expected Package :
5. Professional /Character References :

**STATEMENT OF SURGERIES PERFORMED**

Name of Doctor :- ………………………

**Anterior segment :-**  **No. of surgeries performed**

IOL Surgery -

1. ECCE -
2. SICS -
3. PHACO -

DCT/DCR -

Corneal Wound Repair -

Keratoplasty [P.K.] -

Squint -

Pterygium -

Entropion/Ectro. -

Ptosis -

Glaucoma Surgery -

Triple Surgery -

Socket Surgery -

Lid Tear Repair -

Tarsorrhaphy -

Conjuctival Corneal Scleral Tear Repair **-**

Other procedures (Please Specify) -

**Posterior segment :-**

Basic Pars Plana Vitrectomy -

Basic Pars Plana Lensectomy -

SCERAL BUCKLING PROCEDURE -

Exposure to Laser. Specify Types -

1. Yag **-**
2. Argon  **-**
3. Excimer -

Complicated Vitrectomy using oil/gas -

**SIGNATURE**

# DETAILS OF WORK EXPERIENCE

**Any other information that you would like to mention (Use separate sheet, if required).**