



**PUBLIC
HEALTH
FOUNDATION
OF INDIA**



Dr. Mohan's

DIABETES EDUCATION ACADEMY

a unit of

DR. MOHAN'S DIABETES SPECIALITIES CENTRE



**ARAVIND
EYE CARE SYSTEM**

**CERTIFICATE COURSE IN EVIDENCE BASED MANAGEMENT
OF DIABETIC RETINOPATHY (CCDR) - CYCLE III**

(JULY 2017 – OCTOBER 2017)

Participant Enrollment Form

Name of Participant

Father's Name

; YbXYf

Male

Female

upload or paste
your latest passport
size colour photograph

Current affiliation

Private Practice

Service

Central Govt

State Govt

If other, please specify

Medical college/teaching affiliation

Yes

No

If yes

State

Center

Private

Location of practice

Rural

Urban

Communication address

Place of work

Street

Nearest landmark

City

State

Pin code

STD code

Phone No

If, same as above

Residence

Street

Nearest landmark

City

State

Pin code

STD code

Phone No

Preferred mailing address

Place of work

Residence

Fax No

Mobile No

Preferred contact number for communication

Preferred time for communication (between 9:00 AM to 5:00 PM)

Email address

Alternate Email address

Date of birth D D M M Y Y Y Y

Type of registration **MCI** **State**

Specify your registration number

Medical council registration number

Date D D M M Y Y Y Y State

Educational/Academic/Technical/Professional Qualification (Attach Proof)

Qualification	College/Institution/Board/University	Year
MBBS		
MD/MS/DNB		
DM		
PhD		
Diploma in ophthalmology		
Any other		

Total professional/clinical experience **Years**

Total years of experience in dealing with diabetes care and management **Years**

Average number of patients treated per month

Out of all patients treated by you, how many are eye complication including retinopathy

Details of Experience (Attach proof, attach separate sheet if required)

Designation	Organization	From.....	To.....

Any additional information (publication/presentation/awards/scientific scholarship if any)

Do you possess computer/laptop in your workplace or residence?

Do you have internet access to check emails regularly?

Please indicate motivation and benefits you foresee in undergoing this course..

DECLARATION

I hereby declare that the above mentioned information, which I have provided, is true to the best of my knowledge. I shall participate in the contact sessions organised once in a month on Sunday and will devote self-reading time for the entire 4 modules and participate in the assessments, organised by the offering institution. I also give my consent for publishing my feedback/testimonial which I forward to the Secretariat in any report or publication produced by PHFI. I understand that CCÖÜ is not a degree but only a certificate course with the objective of training doctors in prevention and management of Diabetic Retinopathy and successful participants are not entitled to mention/call themselves as Diabetologists or Endocrinologists or Retina Specialist anywhere after completion of this course. I also understand that this certificate course is not recognised Medical Qualification, under section 11 (1) of the Indian Medical Council Act 1956 and the Institution offering this course is neither a medical college or a university nor offering the course in accordance with the provisions of the Indian Medical Act of the University Grants Commission Act.

Signature :..... Date :.....

Name :..... Place :.....

RECOMMENDATION OF THE FACULTY (if required)

I hereby recommend Dr. for the enrolment of “**Certificate Course in Evidence Based Management of Diabetic Retinopathy, Cycle III**” to be conducted at my center starting in **July 2017**. I have verified all the relevant documents and s/he is eligible for the enrolment.

I also explained to the participant that CCDR is not a degree but only a certificate course with the objective of training doctors in prevention and management of diabetes. Successful participants are advised not to mention/call themselves as Diabetologists or Endocrinologists or Retina Specialist anywhere after completion of this course.

Signature :..... Date :.....

Name :..... Place :.....

