



Please Paste Passport
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Application For Optometry Fellowship

PERSONAL DETAILS:				
First Name:		Last Name:		
Name As On Certificate:				
Father's Name		Mother's Name		
Date Of Birth:		Gender:	M	F
Nationality:		Mobile:		
Email:				

COMMUNICATION DETAILS:	
Communication Address:	Permanent Address:

ACADEMIC BACKGROUND:					
Education	Name Of School / College	Board / University	Subjects	Year of Passing	% of Marks / CGPA
10th					
12th					
Optometry (Aggregate)					
Total number of years of Optometry education after 12th?					
Others					

Projects Completed / Papers Published	
Work Experience (Duration & Address)	

GENERAL INFORMATION:

Languages Known	Read	Write	Speak
Hindi			
English			
Tamil			

Give a brief description about your interest in the fellowship program	
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IMPORTANT INFORMATION:

Select 3 Examination Centres In Order Of Preference		
Chennai		Kolkatta
Bangalore		Jaipur
Hyderabad		Pune
Trivandrum		Ahmedabad

On Successful Completion, Are You Willing To Join Dr Agarwal Eye Hospital?		
If Yes, Mention Your Location Preference (In Numbers)		
Tamil Nadu		Maharashtra
Andhra / Telangana		Rajasthan
Karnataka		International
Kerala		1
Gujarat		2
Orissa		3
(Mention the names in blank spaces, if the location is not present above)		

CHECK LIST:

Completed Application Form	
Demand Draft For Rs 1000/- In Favour Of "Eye Research Centre" Payable At Chennai	
Passport Photo	
Photocopy Of Optometry Degree / Marksheet	

REFERENCES: (Please mention name, designation & contact details)

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ADDRESS FOR SENDING APPLICATION:

Optometry Fellowship Program Dr Agarwal Eye Hospital 3rd Floor, Buhari Towers, Moores Road Off Greams Road, Near Asan Memorial School Chennai - 600006
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FOR OFFICIAL USE ONLY

Received application in complete details Communicated for examination centre Informed for interview Selected for the program
