

Application Form

Clinical Internship Program 2020-2021

COLLEGE NAME

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STUDENTS PERSONAL DETAILS

Students Name
(Name As On Certificate)

Father's Name

Date of Birth

Gender

Nationality

Mobile No

E-Mail

COMMUNICATION ADDRESS

Present

Permanent

ACADEMIC BACKGROUND

Education	Name of School / College	Board / University	Subjects	Year of Passing	% of Marks / CGPA
10th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OPTOMETRY

	1st year (%)	2nd year (%)	3rd year (%)
Aggregate for optometry (%)	<input type="text"/>	<input type="text"/>	<input type="text"/>

GENERAL INFORMATION

Languages Known	English	Hindi	Tamil	Malayalam	Telugu	Bengali
Read						
Write						
Speak						

IMPORTANT INFORMATION

Select Location / Centres for internship

Rest of Tamil Nadu (ROTN)

Chennai		Kolkatta		Andhra / Telangana		Orissa	
Bangalore		Jaipur		Karnataka		Maharashtra	
Hyderabad		Pune		Kerala		Rajasthan	
Trivandrum		Ahmedabad		Gujarat		Madhya pradesh	

(Location will be given on availability basis)

CHECK LIST

Completed Application Form

Demand Draft For Rs 40,000/- In Favour Of " Eye Research Centre "
Payable At Chennai (Non - refundable)

6 Passport Photo (3 Stamp size , 3 passport size)

Photocopy of all Semester Mark sheet

As ID Prof : Voter Card / Aadhar Card / Driving Licenses

Bank Account: HDFC (It should be in the name of Candidate)

REFERENCES : (Please mention Name, Designation & Contact Details)

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