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Application Form: Clinical Internship Program 2024-25

Name As On Certificate

Father's Name

Date of Birth (D/M/Y)

Age / Gender

Nationality

Mobile No. / WhatsApp No.

Email ID

Languages Known

- ☐ English ☐ Tamil ☐ Malayalam ☐ Kannada
☐ Hindi ☐ Telugu ☐ Bengali

College Name

Branch Name/Location of College

Name of the University

Optometry Incharge/HOD Name

Contact No.

Internship Incharge Name

Contact No.

Centres available for Internship:

- ☐ West Bengal ☐ Mumbai ☐ Pune ☐ Madhya Pradesh ☐ Haryana ☐ Odisha ☐ Gujarat
☐ Rajasthan ☐ Nashik ☐ Andhra Pradesh ☐ Telangana ☐ Chennai ☐ Karnataka
☐ Kerala ☐ Jammu ☐ Andaman ☐ Rest of Tamil Nadu ☐ Rest of Karnataka

Please state in the preferred order:

- 1) _____
2) _____
3) _____
☐ Anywhere in India _____

Present Address / Guardian Address

City State

Postal / Zip Code

Permanent Address

City State

Postal / Zip Code

Academic Background

Education	Name of School / College	Board / University	Subjects	Year of Passing	% of the Marks
Class 10th					
Class 12th					

Degree ☐ Diploma ☐

Optometry (Aggregate for Optometry (%))

1st year (%) 2nd year (%) 3rd year (%)

Checklist / Rules and Regulations to be signed after receiving confirmation call

- ☐ 2 Photos (1 stamp + 1 passport size photo)
- ☐ Photocopy of all the semester marksheets
- ☐ ID Proof (Voter card / Aadhar card / Driving licence)
- ☐ No Objection certificate from college
- ☐ Bonafide Certificate
- ☐ 10th & 12th marksheet

Only after submission of all documents, fee receipt & confirmation letters, students should join Internship

For Office Use Only

Date of Receipt

Remarks

Address For Sending Application:

Course Co-ordinator

Dr. Agarwals Institute of Optometry

#146, 3rd Floor, Ranganayaki Complex, Greams Road, Chennai - 600 006.

Mobile: +91 97890 60444

Email: daio@dragarwal.com