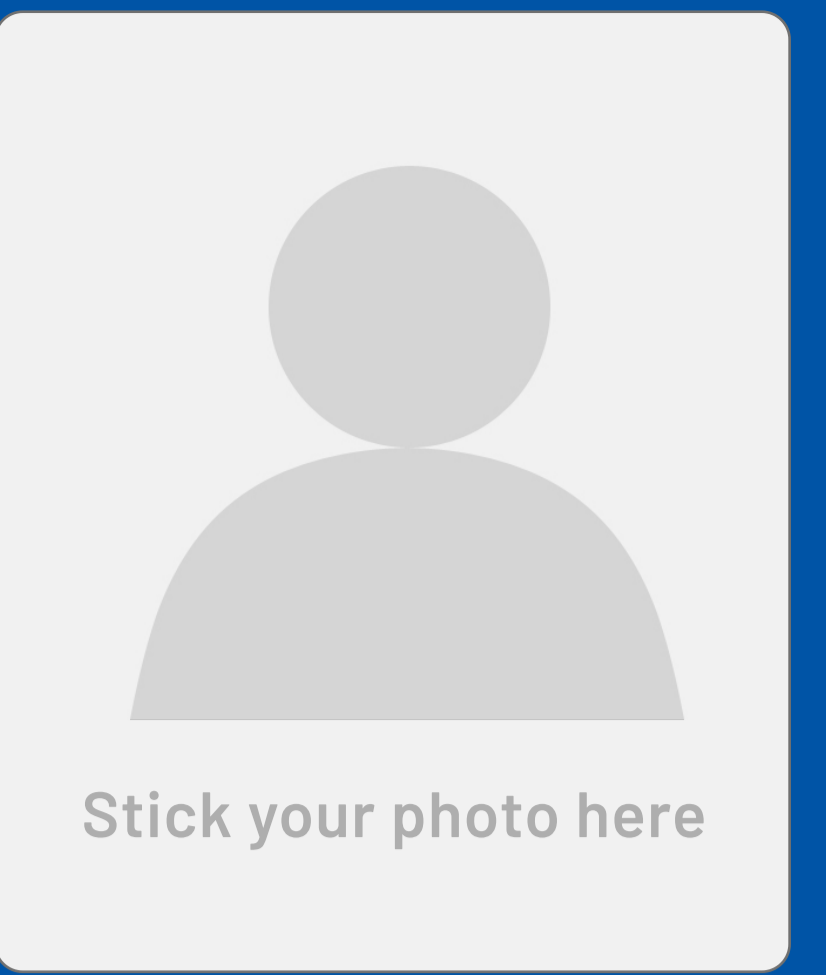


Dr. Agarwals

INSTITUTE OF OPTOMETRY



Application Form: Fellowship in Optometry

First Name

Last Name

Name As On Certificate

Father's Name

Date of Birth (D/M/Y)

Age / Gender

Nationality

Mobile Number

Email ID

Languages Known

- English Tamil Malayalam Kannada
 Hindi Telugu Bengali

On Successful Completion, Are You Willing To Join Dr. Agarwals Eye Hospital?

- Andhra Pradesh Gujarat Karnataka Kerala Maharashtra
 Odisha Rajasthan Tamil Nadu Telangana West Bengal

Preferred Location _____

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					
Optometry (Aggregate)					
Total number of years of Optometry education after 12th?					
Others					

Projects Completed / Papers Published

Work Experience

Organization	Designation	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check List

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

For Office Use Only

Received application in complete details

Informed for interview

Selected for the program

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