



Application Form: Clinical Internship Program 2021-22

College Name

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

Important Information

Select Centres for Internship

- Andhra Pradesh Chennai Gujarat Karnataka Kerala
 Maharashtra Odisha Rajasthan Telangana West Bengal
 Rest of Tamil Nadu (Preferred Location _____)

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

- Andhra Pradesh Chennai Gujarat Karnataka Kerala
 Maharashtra Odisha Rajasthan Telangana West Bengal
 Rest of Tamil Nadu (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 for Optometry (%))

1st year (%)

2nd year (%)

3rd year (%)

Check List

- DD for Rs 50,000 (fifty thousand rupees only)
- 6 Photos (3 stamp + 3 passport size photos)
- Photocopy of all the semester marksheets
- ID Proof (Voter card / Aadhar card / Driving licence)
- No Objection certificate from college

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.

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