



# Dr. Agarwals

INSTITUTE OF OPTOMETRY



Stick your photo here

## Application Form: Clinical Internship Program 2023-24

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

Name of the University

Optometry Incharge/HOD Name

Contact No.

Internship Incharge Name

Contact No.

### Centres available for Internship:

- ☐ Jaipur ☐ Ahmedabad ☐ Chandigar ☐ Kolkata ☐ Odisha ☐ Mumbai ☐ Pune ☐ Indore  
☐ Kerala ☐ Telengana ☐ Andhra Pradesh ☐ Karnataka ☐ Mysore ☐ Chennai ☐ Port Blair  
☐ Rest of Tamil Nadu(Preferred Location \_\_\_\_\_ )

Please state in the preferred order:

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
☐ Anywhere in India \_\_\_\_\_



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 / Rules and Regulations to be signed and sent**

- ☐ 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**