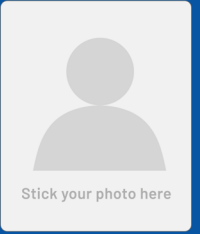




Dr Agarwals

Institute of Optometry



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
 Punjab 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