

## **Application For Optometry Internship**

Please Paste Passport Size Photo

	PE	RSONA	L DETA	AILS:		
First Name:				Last Name:		
Name As On Certificate:					-	
Father's Name				Mother's Name		
Date Of Birth:			Gender:	М	F	
Nationality:				Mobile:		_1
Email:					<u> </u>	
	CONAN	ALINICA	TION I	SETALLS.		
Commun	nication Address:	VIONICA	HON	DETAILS:	anent Addres	
	ACAD	EMIC B	ACKGF	ROUND:		
Education	Name Of School / College	Board / University		Subjects	Year of Passing	% of Marks / CGPA
10th						
12th						
	Opt	tometry	(Aggre	egate)		
1st Sem Result(%)	2nd Sem Result(%)		3rd Sem Result(%)		4th Sem Result(%)	
5th Sem Result(%)	6th Sem Result(%)	Sem Result(%)		m Result(%)	8th Sem Result(%)	
GENERAL INFORMATION	N:				_	
Languages Known	Read	Write		Speak		
Hindi						
English						
Tamil						
Telugu						

## IMPORTANT INFORMATION:

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Select Location / Centres for in	ternship					
Chennai		Kolkatta				
Bangalore		Jaipur				
Hyderabad		Pune				
Trivandrum		Ahmedabad				
		Ī	T			
Rest of Tamil Nadu(ROTN)		Maharashtra				
Andhra / Telangana		Rajasthan				
Karnataka						
Kerala						
Gujarat						
Orissa						
(Mention the names in blank spaces, if the location is not present above)						
	CHECK LIS	 ST:				
Completed Application Form						
Demand Draft For Rs 25,000/- In Favour Of "Eye Research Centre" Payable At Chennai						
6 Passport Photo(3 Stamp size	, 3 passport size)					
Photocopy Of all Semester Mai	rk sheet					
As ID Prof : Voter Card/ Adhar card/Driving Licenses						
Bank Account: SBI/HDFC(It sho	uld be in the name of C	andidate)				
REFERENCES: (Please mention name, designation & contact details)						