

Diploma in Eye Health Management Application Form – 2011 – 2012

For office use only	
Application received on	
Roll no.	

Affix
Photograph

Name of the candidate _____

Personal details

Name : _____

Date of birth : DD _____ MM _____ YYYY _____

Sex : M F Nationality _____

Address for communication:

City _____ District _____

State _____ Country _____

Postal code _____

Phone no. _____ FAX _____

Email _____

Educational / Other Qualification

Course name	Branch / Main subjects	College/University/ Institute & Location	Duration in Years	% of marks scored	Year of Passing
SSC					
Higher secondary / Pre university / Intermediate					
Degree					
Masters					
Other					

Language Proficiency:

Knowledge of English: Speak

Read

Write

List other languages known:

1)

2)

Demand Draft No:

Demand draft for Rs. 100 (processing fee) drawn in favour of HYDERABAD EYE INSTITUTE, payable at Hyderabad. Application sent without the demand draft will not be considered.

Previous work Experience if any:

Sl. No.	Name of the Organisation	Title or Position	Period					
			From			To		
			DD	MM	YY	DD	MM	YY

Sponsor Information:

Name of the Sponsoring Organization _____

Name of the contact person _____ Designation _____

Address for communication:

City _____ District _____ State _____

Country _____ Postal code _____ Phone no. _____

FAX _____ Email _____

Declaration: I hereby declare that the information provided in this application and the supporting documents are correct and complete to the best of my knowledge.

Date

Signature of the Applicant

Nomination for sponsorship

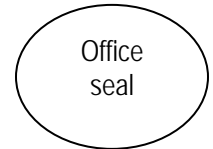
Please register my/our nomination(s) for Mr. / Ms. _____ as per details given above. If he / she is selected for the course our organization will provide support towards the course fees.

Name of Sponsoring Authority

Designation of Sponsoring Authority

Date

Signature.....



Instructions for filling the application form

- Write or type clearly in BLOCK LETTERS
- Please Sign and date the declaration
- Please affix your recent colour portrait photograph (passport size) with the completed application.
- Make sure to provide telephone no. and e-mail contact to avoid delay in communicating the processing status of your application
- All course communication will be sent to the Address quoted in the address for communication and Permanent address will be used as a mode for future communication.
- It is mandatory to furnish all the required information
- In case of sponsored candidate, the sponsoring authority must fill the nomination form
- Attach a demand draft for Rs. 100 (processing fee) drawn in favour of HYDERABAD EYE INSTITUTE, payable at Hyderabad
- Submit your application form to / For further details contact:

▪ **The secretary**

International Centre for Advancement of Rural Eye Care

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