

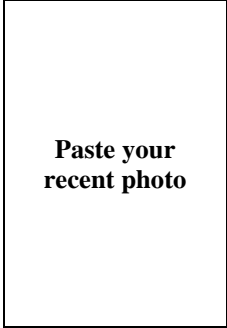


L V PRASAD EYE INSTITUTE
Ramachandra Pararajasegaram
Community Eye Health Education Centre
GPR International Centre for Advancement of Rural Eye care

Diploma in Eye Health Management
Application Form for 2018-2019

NAME: (in block letters): _____

Date of birth(dd/mm/yyyy): _____ Sex (M/F): _____



Address for Communication

State: _____ Country: _____

Pin Code: _____ Phone No.: _____

Nationality _____

Academic Qualifications

Course Name	Branch/Main subjects	College/University/ Institute & Location	Years of studied	% of marks scored	Year of passing
Higher Secondary/ Pre-Intermediate					
Degree					
Masters					
Other					

Language Proficiency (Please tick as applicable)

Languages	Speak	Read	Write
English			
Hindi			
Any other language			

Organization Details (If currently employed):

Organization Name: _____

Type of Organization (Tick): Government / Private / Voluntary Organization / Others

Address: _____

City _____ District _____ State _____

Country _____ Postal Code _____

Phone No _____ Email _____

Professional Experience:

Employment Record: List positions held during the last 5 years, beginning with present position

S.No	Name of the Organization	Title/Position	Years

For International Participants only

Country _____ Passport No: _____

City _____ District _____ State _____

Country _____ Postal code _____ Phone No _____

FAX _____ Email _____

Address of Embassy/Consulate for visa _____

Sponsor Information:

Sponsorship: 1. Self Sponsored 2. Sponsored by other agency

Name of the Sponsoring Organization _____

Name of the contact person _____ Designation _____

Address for Communciation: _____

City _____ District _____ State _____

Country _____ Postal code _____ Phone No _____

FAX _____ Email _____

Note: Please enclose the following photocopies along with the filled application

1. *Certificates of highest qualification*
2. *Updated CV*
3. *Scanned copy of passport (for international candidates)*
4. *Letter of support (if sponsored)*
5. *One ID proof (for national candidates)*

Declaration

I confirm that I have read the application form and the details furnished are true to the best of my knowledge and ability. If granted a place on the program, I will comply with the regulations and stipulations of the recognizing authority, the GPR International Centre for Advancement of Rural Eye Care (GPR ICARE), LV Prasad Eye Institute, Hyderabad, Telangana, India.

Date : _____

Place : _____ **Signature of the Applicant:** _____

Send your completed applications form to: kjyothi@lvpei.org / icaretraining@lvpei.org

Or

By courier/post it the following address

<p style="text-align: center;">Training Coordinator</p> <p style="text-align: center;">Ramachandra Pararajasegaram Community Eye Health Education Centre</p> <p style="text-align: center;">GPR Campus, International Centre for Advancement of Rural Eye Care L. V. Prasad Eye Institute Kismatpur campus, Donbosco post office, (Vikarabad-Hyderabad High way) Hyderabad, Andhra Pradesh, India Phone No. + 91- 40 -30615619 / 30615605</p>

For office use only	
Application received on	
Roll No	