

# Application form

## Clinical Internship in Optometry

L V Prasad Eye Institute ([www.lvpei.org](http://www.lvpei.org))

Academy of Eye Care Education

Kallam Anji Reddy Campus, Rod no: 2, Banjara Hills, Hyderabad-500034, India

**To be completed by the APPLICANT – Please fill in with CAPITAL letters only**

1. Applicant's name as per the undergraduate marks sheet

\_\_\_\_\_

2. Address for communication: \_\_\_\_\_

\_\_\_\_\_

3. Permanent address:

\_\_\_\_\_

\_\_\_\_\_

4. Email ID: \_\_\_\_\_

5. Mobile: \_\_\_\_\_ Alternate number: \_\_\_\_\_

6. Preferred location for pursuing internship (please tick one centre)

Hyderabad

Vishakhapatnam

Vijayawada

Bhubaneswar

7. Academic details

Course of study	Year of passing	Name of school/college attended	Marks (%) or grade
SSC or 10 <sup>th</sup>			
HSC or 12 <sup>th</sup>			
Under- graduate			

(Attach all self attested copies of certificates/grade sheets semester-wise)

8. Under-graduate school/college information (please obtain consent from the faculty before providing the below details:

Optometry school/college name	
Affiliated university	
School contact address and phone number	
Name of the optometry in-charge	

Attach passport  
size photograph

In-charge email ID and phone number	
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9. Participation in quiz, debate, poster/paper presentation, conferences, workshops:

Description	Date	Duration

10. Projects taken up/ involved:

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11. Extracurricular activities, if any:

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12. Languages you speak:

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13. Briefly state reasons for pursuing internship

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14. **Payment details:** please refer to instructions

Demand draft (DD) number		Bank name	
<b>(Note: The candidate must write his /her name on the backside of DD.)</b>			
Online transfer/NEFT details			
NEFT transaction number		Date	
Account holder name		Amount	

**Important information:**

Last date of application submission	31 May 2019		
Date of admission exam	09 June 2019		
Time for written exam	8.30 -9.30am	Time for clinical exam	10.00am onwards
Admission exam venue	L V Prasad Eye Institute, Road No: 2, Banjara Hills, Hyderabad 500034.		

**Instructions for completing the application:**

1. Application fee of INR 1000/- to be paid through Demand Draft (DD) in the name of “**Hyderabad Eye Institute**” payable at Hyderabad and posted along with the filled application. For online fee payment see the below details, attach the transaction receipt along with application form.

**Details for NEFT / Online Banking**

Beneficiary Name	Hyderabad Eye Institute
Bank Account No	0132030002300
Name of the Bank	IDBI
IFSC Code	IBKL0000028
Account Type	Savings
MICR Code	500 259 003
SWIFT Code	BKLINBB002
Branch Address	Road No. 2, Banjara Hills, Hyderabad, Telangana

2. Attach all self attested copies of certificates/grade sheets semester-wise
3. Any incomplete forms (including failing to attach all above mentioned attachments) will be disqualified and not considered.

**Applications to be posted to below postal address:**

Mr Vijay Kumar Yelagondula  
Brien Holden Institute of Optometry and Vision Sciences,  
L V Prasad Eye Institute (LVPEI),  
GPR campus, Near: Kali Mandir, Don Bosco Nagar (PO), Kismathpur, Hyderabad-500 086,  
Telangana, India. Ph no: 040-30615800/02/05/07

**For any queries, please contact:**

Mr Vijay Kumar Yelagondula  
Office: 040 -30615802/05/07  
Email: [vijaykumar@lvpei.org](mailto:vijaykumar@lvpei.org)