



LV Prasad Eye Institute



**Ramachandra Pararajasegaram Community Eye Health Education Centre
Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye care**

Application Form for All Courses

Application to be filled in block letters only

Name: _____

Gender: _____ Date of birth (dd/mm/yy): _____

Country of Residence _____ Nationality _____

Profession _____

Passport Number _____

Address for correspondence

Affix your recent photograph here

Telephone: _____

E-mail: _____

Education Details:

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			

Tick the training program that you want to attend:

- Diploma in Community Eye Health Management (DCEH)
- Diploma in Eye Health Management (DEHM)
- Certificate Course in Community Eye Health (CCEH)
- Certificate Course in Program Management and Evaluation (PME)
- Other courses

Applying for _____ Month / Year of study _____

Organization Details (If currently employed):

Name of the Organization: _____

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

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. Adhar Card (For Indian Candidates)

Declaration

I confirm that 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: _____

Training Coordinator**Ramachandra Pararajasegaram Community Eye Health Education Centre**

Gullapalli Pratibha Rao Campus

Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye Care

L V Prasad Eye Institute

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