



Details of Educational Qualifications:					
Class	Name of the Course	Major	Month & Year of Passing	Name of the School	Percentage of Marks/Class
10th standard					
12th standard					

(Enclose Attested copies of Tenth and Plus Two/Hr. Secondary *Additional Qualification (courses and programmes attended)*)

Course Description	Date			Duration
	DD	MM	YY	

Language Proficiency:

Knowledge of English:

Languages known:

Have you attended any Education Programme at Sankara Nethralaya?

Course Attended	Period					
	From			To		
	DD	MM	YY	DD	MM	YY

Professional Experience

Employment Record: List positions held during the last 2-3 years, beginning with present position ( if applicable)

Name of the Organization	Title or Position	Period	
		From	To

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Place :

**Signature of the Applicant**

**Enclosures:**

Note: Attested photocopies of the following should be enclosed with the application form

- a. SSLC / Higher Secondary Certificate (+2) – Attested photocopy
- b. If candidate is currently pursuing third/ final year of study, bonafide certificate from the institution they are currently studying.
- c. DD drawn in favor of "**Medical Research Foundation**" Payable at Chennai, Rs. 1,000/- towards Registration fees.

Filled in application form with enclosures to be forwarded to:

**Program Coordinator, FBDO  
The Sankara Nethralaya Academy  
Dr. V.G. Appukutty Campus  
No.8, GST Road, St. Thomas Mount,  
Chennai – 600 016**