

Details of Educational Qualifications:					
Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the Institution/College/University	Percentage of Marks/Class
12th Std					
Under Graduate					

(Enclose Attested copies of Pl us Two/Hr. Secondary and UG/PG Pr ovisional Certificate or Degree Certificate.) *Additional Qualification (courses and programmes attended)*

Course Description	Date			Duration
	DD	MM	YY	

Language Proficiency:

Knowledge of English:

Speak

Read

Write

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. Higher Secondary Certificate (12th Std) - Attested photocopy
- b. DD drawn in favor of “**Medical Research Foundation**” Payable at Chennai.

Filled in application form with enclosures to be forwarded to:

Program Co-ordinator
The Sankara Nethralaya Academy
No. 9, Vanagaram Road
Ayanambakkam, Chennai- 600 095
Tamil Nadu, India.
Ph. No : 044 4908 6000 / 6001