

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
Under Graduate					
Post Graduate					

(Enclose Self-attested copies of PI us Two / Hr. Secondary and UG/PG Provisional 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

(Any other educational program attended - can attach testimonials)

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: Self-attested photocopies of the following should be enclosed with the application form

- a. Higher Secondary Certificate (10+2)
- b. Degree / Diploma Certificate (Optometry / Ophthalmology)
- c. If Candidate is currently pursuing third / final year of Study, bonafide certificate from the institution
- d. Payment of fees can be made through cash / DD / online transfer
- e. Demand Drafts to be taken in the name of “Medical Research Foundation”

Indian students can transfer their fee amount to the following account

HDFC BANK	BAGHAJATIN
NAME	MEDICAL RESEARCH FOUNDATION
A/C NO.	06932000000177
IFSC CODE	HDFC0004283

Note : International student kindly verify with the program coordinator before making online payment

Filled in application form form with enlosures to be forwarded to:

Head of the Department - Optometry
The Sankara Nethralaya Academy