



The Sankara Nethralaya Academy

(A Unit of Medical Research Foundation, Chennai)

APPLICATION FORM FOR ADMISSION: Fellowship Course

COURSE IN OPTOMETRY

Affix Recent PP size Colour Photo

Fellowship in Clinical Optometry	<input type="checkbox"/>	Fellowship in Contact Lens	<input type="checkbox"/>
Fellowship in Binocular Vision / Vision Therapy	<input type="checkbox"/>	Fellowship in Paediatric Optometry	<input type="checkbox"/>
Fellowship in Low Vision Care	<input type="checkbox"/>	Fellowship in Anterior Segment Diagnostics	<input type="checkbox"/>
Fellowship in Vision Enhancement & Low Vision Rehabilitation		<input type="checkbox"/>	

Name of the Applicant with initial (as in Qualifying Certificate – in BLOCK letters):

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Expansion of Initial																			
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Address for Communication:

Pin code: E-Mail ID:

Phone with STD Code: Mobile:

Sex : M F O Date of Birth: Date: Month: Year:

Nationality:

Payment Details:	Particulars of Demand
DD. NO: <input type="text"/>	Rs. <input type="text"/>
Date: <input type="text"/>	Bank <input type="text"/>
Note : The Candidate should write his / her name on the reverse of the demand draft.	

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 Attested copies of Plus 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:

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

Note: Incomplete applications will not be taken up for the admission process.

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 they are currently studying.
- d. Payment of 1000/- towards registration fees can be made through cash / DD / online transfer
- e. Demand Drafts to be taken in the name of “**Medical Research Foundation**” payable at Chennai.
- f. Indian students can transfer their fee amount to the following account :

City Union Bank : Purasalwalkam Branch

Name : Medical Research Foundation

Account no : 112001001089459

IFSC Code : CIUB0000112

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

Filled in application form with enclosures to be forwarded to :

**Head of the Department – Optometry
The Sankara Nethralaya Academy
Dr. V.G. Appukutty Campus
No.8, GST Road, St. Thomas Mount,
Chennai – 600 016.
Tamil Nadu, India**