



# The Sankara Nethralaya Academy

(A Unit of Medical Research Foundation, Chennai)

APPLICATION FORM FOR ADMISSION: Diploma / Fellowship / Certificate / Observership / Custom-made / COE Courses

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## COURSE IN OPTOMETRY

Certificate Course in Binocular Vision and Vision Therapy	<input type="checkbox"/>	Fellowship in Contact Lens	<input type="checkbox"/>
Certificate Course in Low Vision Care	<input type="checkbox"/>	Fellowship in Binocular Vision / Vision Therapy	<input type="checkbox"/>
Certificate Course in Clinical Optometry	<input type="checkbox"/>	Fellowship in Low Vision Care	<input type="checkbox"/>
Certificate Course in Digital Biometry	<input type="checkbox"/>	Fellowship in Clinical Optometry	<input type="checkbox"/>
Certificate Course in Cornea Diagnostics	<input type="checkbox"/>	Fellowship in Optical Dispensing	<input type="checkbox"/>
Certificate Course in Glaucoma Diagnostics	<input type="checkbox"/>	Continuing Medical / Optometric Education	<input type="checkbox"/>

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

Initials grid (13 columns)

Expansion of Initial grid (13 columns)

**Address for Communication:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pin code:** \_\_\_\_\_ **E-Mail ID:** \_\_\_\_\_

**Phone with STD Code:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Sex :**  M  F **Date of Birth: Date: Month: Year:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

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

**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 P1 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 : 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 Rs.1,000/- 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**