



VISION FOR ALL

# C L Gupta Eye Institute

C L Gupta School of Optometry  
Ramganga Vihar, Phase-II, Moradabad, India – 244002

E-mail: [optometryedu@clgei.org](mailto:optometryedu@clgei.org)

Website: [www.clgei.org](http://www.clgei.org)

Should be filled by Applicant (in CAPITAL letters)

Please affix a color  
passport size  
photograph of the  
applicant (Front  
facing)

Program Applied For (Tick in the Box):

**Long Term Optometry Fellowship (13 months)**  **Short term Optometry Fellowship (3 months)**

**Others Course** (Please Specify): \_\_\_\_\_

**Name of the Applicant:**

First Name

Middle Name

Last Name

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**Father's Name:**

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**Mother's Name:**

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**Date of Birth:**

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**Age:**

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**Gender:** Male  / Female

**Mother Tongue:**

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**Category:** General

SC

ST

OBC

PH

Others

**Nationality:**

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**Religion:**

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**PERMANENT ADDRESS**

**PRESENT ADDRESS (For Correspondence)**

<b>City:</b>	<b>Pin Code:</b>	<b>City:</b>	<b>Pin Code:</b>
<b>State:</b>		<b>State:</b>	
<b>Contact Number:</b>		<b>Contact Number:</b>	
<b>E-mail ID:</b>			

**Academic Background:**

Education	Board/University	Year of passing	Subjects	Division/Grade	% of Marks/CGPA
10 <sup>th</sup> (High School)					
12 <sup>th</sup> (Intermediate)					
Diploma:					
Graduation	1 <sup>st</sup> Yr.				
	2 <sup>nd</sup> Yr.				
	3 <sup>rd</sup> Yr.				
	4 <sup>th</sup> Yr.				
<b>Others:</b>					

**Dated :**

**Place :**

\_\_\_\_\_  
**Signature of the Applicant**

**Please Provide Reference of any two person with whom we can discuss about you:**

1) Name: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_ Contact number: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Working Institute/Organization Name: \_\_\_\_\_

2) Name: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_ Contact number: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Working Institute/Organization Name: \_\_\_\_\_

**Additional Qualification:**

- Participation (Quiz, Debate, Poster/Oral Presentation, Conference etc.)

S.No.	Participation Course/Program Description	Date	Duration
1			
2			
3			
4			
5			

- **Projects taken up / involved:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Sponsorship/Scholarship:**

\_\_\_\_\_

- **Work experience (If Any):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Language Proficiency (Please put a tick mark)**

**English:** Speak  Read  Write

**Hindi:** Speak  Read  Write

**Other (Please specify):** Speak  Read  Write  Please specify \_\_\_\_\_

**Give a brief description about the reason for your interest in doing Fellowship program at CLGEI:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Give a brief description about your expectations from program:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I \_\_\_\_\_, S/o, D/o, \_\_\_\_\_ hereby declare that entries made by me in this application form and the documents submitted by me with this application form are true in all respects

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Applicant**

**For Official Use: Selected / Non Selected**

**Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Period:** \_\_\_\_\_

**Remarks:**

**Postal Address:**

Education Department, C L Gupta Eye Institute, Ramganga Vihar, Phase – II, Moradabad, Pin-244002, U.P, India, E-mail Id: [optometryedu@clgei.org](mailto:optometryedu@clgei.org) website: [www.clgei.org](http://www.clgei.org)