

Applicant Institute Information (applicable for Optometry Internship application only):

School / College Name: _____

Affiliated University: _____

School/College Address: _____

City: _____ Dist.: _____ Pin: _____ State: _____

In-charge/HOD from your School/College/Institute (Contact Name):

Mr. /Ms.: _____
 First Name Middle Name Last Name

Contact Number: _____ E-mail: _____

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:

- Extra-Curricular Activities:

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 an Internship/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:

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Postal Address:

Education Department, C L Gupta Eye Institute, Ramganga Vihar, Phase – II, Moradabad, Pin-244002, U.P, India