



**Information of your Optometry college/Institute :**

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 Optometry Internship 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:**

Department of Education, C L Gupta Eye Institute, Ramganga Vihar, Phase – II, Moradabad, Pin- 244001, U.P, India