C L Gupta Eye Institute

VISION FOR ALL

Optometry Fellowship Application Form (2018)

C L Gupta School of Optometry
Ramganga Vihar, Phase-II, Moradabad, India – 244001
E-mail: optometryedu@clgei.org
Website: www.clgei.org

Should be filled by Applicant (in CAPITAL letters)

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

Fellowship Applied for (Please tick any one): Pediatric Eye Care/Community Eye Care/Contact Lens Care/ Low Vision Care/ Primary Eye care/ Ophthalmic Diagnostics

Name of the Applicant:

First Name | Middle Name | Last Name

Father's Name:

Mother's Name:

Date of Birth: **Age:**

Gender: Male / Female **Mother Tongue:**

Nationality:

PERMANENT ADDRESS	PRESENT ADDRESS (For Correspondence)
City: Pin Code:	City: Pin Code:
State:	State:
Contact Number:	Contact Number:
E-mail ID:	

Academic Background:

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

Optometry Internship/Job experience :

Date :
Place :

Signature of the Applicant

Information about Institute/Hospital from where you have completed your Internship/Last worked for:

Name of Institute/Hospital/: _____

Address: _____

_____

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

In-charge/HOD from your School (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 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:

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