

Diploma in Eye Health Management Application Form – 2015-2016

For office use only	
Application received on	
Roll no	

Name of the candidate _____

Affix
Photograph

Personal details

Name : _____

Date of birth : DD _____ MM _____ YYYY _____

Sex : M F Nationality _____

Address for communication:

City _____ District _____

State _____ Country _____

Postal code _____

Phone no. _____ FAX _____

Email _____

Educational / Other Qualifications

Course name	Branch/Main subjects	College/University/ Institute & Location	Duration in years	% of marks scored	Year of passing
SSC					
Higher Secondary/ Pre- University/ Intermediate					
Degree					
Masters					
Other					

Language Proficiency:

Knowledge of English: Speak

Read

Write

List other languages known:

- 1)
- 2)

Previous work Experience if any:

SI. NO	Name of the Organization	Title /position	Period	
			From DD MM YY	To DD MM YY



Sponsor Information:

Name of the Sponsoring Organization _____

Name of the contact person _____ Designation _____

Address for communication:

City _____ District _____ State _____

Country _____ Postal code _____ Phone no _____

FAX _____ Email _____

Program applying for 12-months fulltime Diploma in Eye Health Management

Individual Courses in Eye Health Management

Specify course names (if applying for individual courses):

- a. _____
- b. _____
- c. _____
- d. _____

Declaration: I hereby declare that the information provided in this application and the supporting documents are correct and complete to the best of my knowledge.

Date

Signature of the Applicant



Nomination for sponsorship

Please register my/our nomination(s) for Mr./ Ms. _____
as per details given above. If he / she is selected for the course our organization
will provide support towards the course fees.

Name of Sponsoring Authority

Designation of Sponsoring Authority.....

Date.....

Signature.....



Instructions for filling the application form

- Write or type clearly in **BLOCK LETTERS**
- Please Sign and date the declaration form
- Please affix your recent color portrait photograph (passport size) with the completed application
- Make sure to provide telephone no. and e-mail contact to avoid delay in communicating the processing status of your application
- All course communication will be sent to the Address quoted in the address for communication and Permanent address will be used as a mode for future communication
- It is mandatory to furnish all the required information
- In case of sponsored candidate, the sponsoring authority must fill the nomination form
- Submit your application form to / For further details contact

Address:

Training Coordinator,

**Ramachandra Pararajasegaram Community Eye Health Education
Centre, GPR International Centre for Advancement of Rural Eye Care,**

L. V. Prasad Eye Institute

Kismatpur Campus, DonBosco Nagar Post office,
Near Kali Mandir(Hyderabad-Vikarabad Highway
Road) Hyderabad 500086, Andhra Pradesh, India.

Tell: 91 40 30615602/5601

Email: icaretraining@lvpei.org