



THE EYE FOUNDATION

(Post Graduate Institute of Ophthalmology)

ADVANCED DIPLOMA IN OPHTHALMIC CARE MANAGEMENT

APPLICATION FORM

(To be filled by candidate in block letters)

- 1) Name :
- 2) Father's Name :
- 3) Age: Sex :
- 4) Address for Communication :
- Phone :
- 5) Details of Previous Education :

Passport
Size
Photograph

	School	Year of Passing	Marks obtained (Aggregate)
a) Secondary			
b) Higher Secondary			

- 6) Extra curricular activities :
- 7) References :
(Any two references, not from Family / Relatives)

1) 2)

Check List

- Photostat attested copies of Education certificates
- One passport size Photograph

Signature

DATES TO REMEMBER

- 1) LAST DATE OF RECEIVING FILLED IN APPLICATION :
- 2) ENTRANCE EXAMINATION AND INTERVIEW :
- 3) COURSE COMMENCEMENT :