



THE EYE FOUNDATION

582 – A, D. B. Road, R. S. Puram, Coimbatore – 641002. Ph: 0422 – 2544242/43

OPTOMETRY FELLOWSHIP PROGRAM

APPLICATION FORM

(To be filled in by the candidate in block letters)

1) Name :

2) Father's Name :

3) Age : Sex :

4) Address for communication :

Phone :

E-mail :

5) Details of previous Education :

	School	Year of passing	Marks obtained	Course Duration
a) Secondary				
b) Higher Secondary				
c) Optometry / Ophthalmic assistance				

6) Any project work / Thesis undertaken during the course : Yes / No

7) If yes, Details of the project work :

8) Extra curricular activities :

9) References
(Any two references, not from family / relatives)

1)

2)

Signature