



THE EYE FOUNDATION

POST GRADUATE INSTITUTE OF OPHTHALMOLOGY

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PHOTOGRAPH

INTERNSHIP/INTERNSHIP-FELLOWSHIP IN CLINICAL OPTOMETRY

(To be completed by the APPLICANT – Please fill in CAPITAL letters only)

Applicant's Complete name:

First Name

Middle Name

Last Name

Address for Communication: _____

Permanent Address: _____

Email ID: _____

Phone Number (with STD code)*: _____ - _____

Mobile*: _____ Alternate Number: _____

Aadhar Number: _____

College Last Attended :

Affiliated University :

References with Phone Numbers (From the Institution last attended)

1. _____

2. _____

ACADEMIC DETAILS

Course of Study	Month, Year of passing	Name of School / College studied	Percentage of marks / Grade
SSLC (10 th)			
HSC (12 th)			
Under Graduate			
Aggregate Marks up to 6 th Semester (For Internship Applicants)			

(Enclose attested copies of certificates)