

Internship in Clinical Optometry - 2018

School/college name:

Affiliated University:

School contact address: _____

In-charge of your school/college (name):

First name

Middle name

Last name

In-charge of your school/college (Phone): _____

Academic details

Course of study	Month, Year of Passing	Name of school/college studied	Percentage of marks/Grade
SSc (10 th)			
HSc (10+2)			
Under Graduate			
self-atte			

(Enclose attested copies of certificates)

Additional information:

(Participation in Quiz, Debate, Poster, Conference)

Description	Date	Duration

Projects taken up/ involved: _____

Sponsorship/scholarship: _____

Extra-curricular activities:

Language proficiency (please put \surd mark)

English: Speak Read Write

Hindi: Speak Read Write

Telugu: Speak Read Write

Oriya: Speak Read Write

Other Languages known: _____

Briefly state your reasons for being interested in pursuing the Clinical Internship program for Optometrists at LVPEI

Declaration

I hereby declare that the information given above is true to the best of my knowledge.

Date: _____

Place: _____

Yours Sincerely,

Application instructions:

1. Download this application form and fill in the details.
2. Processing fee of INR 1000/- to be paid through Demand Draft in the name of "Hyderabad Eye Institute" payable at Hyderabad and posted along with the filled application.
3. Attach self-attested copies of all the certificates (semester-wise)
4. Attach provisional letter from your institute/school/college stating completion of 3rd year of Bachelor's degree & mentioning eligibility to pursue internship at LVPEI.
5. Any incomplete forms (including failing to attach all the attachments mentioned above) will be disqualified and not considered for admission exam.

Payment details:

Particulars of Demand Draft:

DD No. _____ Rs. _____

Date: _____ Bank: _____

Note: The candidate should write his/her name on the reverse of DD

Last date of application: 10 June 2018
Venue: Kallam Anji Reddy Campus, Hyderabad
Date of Internship Exam: 17 June 2018
Time for Written Exam: 08:30am- 09:30am
Time for Clinical Exam: 10.00 am onwards followed by a personal interview
Internship fees: INR 1,00,000/year (to be paid at the time the time of joining)

Postal Address

Mr Vijay Kumar Yelagondula
Education Department,
LV Prasad Eye Institute,
Kallam Anji Reddy Campus,
LV Prasad Marg Road 2, Banjara Hills,
Hyderabad, PIN Code 500 034
Telangana, India.

For any queries, please contact:
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