Stick your Photo here

**Application Form: Clinical Internship Program 2022-23**

Name as on Certificate ………………………………………………………………………..

Father's Name ……………………………………………………………………………………..

Date of Birth (DD/MM/YYYY) ………………………… Age/Gender …………………

Nationality ………………………………… Mobile no. ……………………………………….

Email ID ………………………………………………………………………………………………..

Languages Known: Hindi English Any Other……………………….

College Name……………………………………………………………………………………….

Name of University ………………………………………………………………………………

Optometry In charge/HOD Name …………………………………………..................

Contact Number……………………………………………………………………………………

Internship Incharge Name ……………………………………………………………………

Contact No. ………………………………………………………………………………………….

Present Address …………………………………………………………………………………….

………………………………………………………………………………………………………………

City …………………..….. State ……………………………….Postal / Zip Code: ………………

Permanent Address:……………………………………………………………………………….

………………………………………………………………………………………………………………

City …………………..….. State ……………………………….Postal / Zip Code: ………………

**Academic Background**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Education | Name Of School or College | Board Or University | Subjects | Year Of Passing | Percentage Of Marks |
| Class 10th |  |  |  |  |  |
| Class 12th |  |  |  |  |  |

Optometry (Aggregate for Optometry (%)

|  |  |  |
| --- | --- | --- |
| 1st Year (%) | 2nd Year (%) | 3rd Year (%) |

**Checklist or Rules and Regulations to Be Signed And Sent**

* To Photos One Stamp + 1 Passport Size Photo
* Photocopy Of All The Semester Marksheets
* ID Proof Voter ID Card Aadhar Card Driving Licence
* No Objection Certificate From College
* Bonafide Certificate
* 10th And 12th Marksheet

Only after submission of the all documents and confirmation letters students should join internship

**For office use only**

Date of receipt ………………………………………………………………………………..

|  |
| --- |
| Remarks |