

(Enclose Attested copies of Pl us Two/Hr. Secondary and UG/PG Pr ovisional Certificate or Degree Certificate.)

Additional Qualification (courses and programmes attended)

Course Description	Date			Duration
	DD	MM	YY	

Language Proficiency:

Knowledge of English:

Languages known:

Have you attended any Education Programme at Sankara Nethralaya?

Course Attended	Period					
	From			To		
	DD	MM	YY	DD	MM	YY

Professional Experience

Employment Record: List positions held during the last 2-3 years, beginning with present position (if applicable)

Name of the Organization	Title or Position	Period	
		From	To

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Place :

Signature of the Applicant

Enclosures:

Note: Attested photocopies of the following should be enclosed with the application form

- a. SSLC / Higher Secondary Certificate (+2) – Attested photocopy
- b. Degree/ Diploma Certificate (Optometry/ Ophthalmology) -Attested photocopy
- c. If candidate is currently pursuing third/ final year of study, bonafide certificate from the institution they are currently studying.
- d. DD drawn in favor of “**Medical Research Foundation**” Payable at Chennai.

Filled in application form with enclosures to be forwarded to:

**Academic Officer
The Sankara Nethralaya Academy
(Unit of Medical Research Foundation)
No. 29/8, Jayalakshmi Estates, Haddows Road
Nungambakkam
Chennai - 600 006, Tamil Nadu, India.
Ph No: 044 - 4308 4111 / 4308 4222
Fax: +91-44-28254180, Mobile : 0 93821 47796**