



SANKARA NETHRALAYA
(A unit of Medical Research Foundation)
Chennai – 600 006

APPLICATION FORM FOR PROSPECTIVE VOLUNTEERS

Please complete and return via email (rathna@snmail.org) or
Fax (+91 44 2825 4180) or post.

Please complete all areas in block capitals

Affix Recent
PP size Colour
Photo

Surname												
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First name												
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Title	Dr	Mr	Miss	Mrs
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Sex :	M	F	Date of Birth:	Nationality:
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Postal address for correspondence:

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Country:		Postal code:	
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Daytime telephone number including codes:	
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Email:	
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Details of Educational Qualifications:		
Degree/Class	Name of the Institution / College	Month & Year of Passing

Additional Qualification (Courses/Programs attended or volunteering experience):

Description	Place	Duration

Studentship:

Yes

No

University:

Requested Dates:

Your contact person at Sankara Nethralaya:

(Kindly tick)	Area of Interest	No. of days
<input type="checkbox"/>	Tele-ophthalmology	
<input type="checkbox"/>	Community services / camps	
<input type="checkbox"/>	Optometry	
<input type="checkbox"/>	Optical services	
<input type="checkbox"/>	Shadowing ophthalmologists	
<input type="checkbox"/>	Fund raising	

What are your specific goals and objectives for this volunteering experience?

(Note: Volunteers are accepted for a maximum of 1 month. It is advisable to apply at least 2 – 4 months in advance of the date you wish to attend. All bookings are from Monday to Saturday. Please attach a copy of your passport and visa/resident proof (foreign nationals) along with the application.)

Please ensure to sign and date your application here:

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