



L V PRASAD EYE INSTITUTE, HYDERABAD
Ramachandra Pararajasegaram Community Eye Health
Education Centre
GPR International Centre for Advancement of Rural Eye care

Certificate Course in Community Eye Health 2016
APPLICATION FORM

NAME: (in block letters): _____

Sex (M/F): _____ Date of Birth (dd/mm/yy): _____

Country of Residence: _____ Nationality: _____

Profession: _____

Passport No. _____

Address for Correspondence:

Telephone: _____ Fax: _____

Email: _____

Academic Qualifications:

Degree	University/Institution	Subject	Year of completion

Work Experience

Employer	Position Held	Date	
		From	To

Expectations

a. What do you intend to learn from the course ?

b. How do you think you will use what you have learnt from the course after its completion?

Reference

Name and address of the employer (If employed) **or referee** (If unemployed):

Sponsorship

a. Have you applied for sponsorship? Yes ☐ No ☐

b. Which organization/s have you applied to:

c. Is the sponsorship confirmed? Yes ☐ No ☐

Declaration

I confirm that I have read the application form and the details furnished are true to the best of my knowledge and ability. If granted a place on the program, I will comply with the regulations and stipulations of the recognizing authority, the GPR International Centre for Advancement of Rural Eye Care (GPR ICARE), LV Prasad Eye Institute, Hyderabad, Andhra Pradesh, India.

Date : _____

Place : _____

Signature of the Applicant: _____