

Application form

Residency in Contact Lenses

L V Prasad Eye Institute (www.lvpei.org)

Academy of Eye Care Education

Kallam Anji Reddy Campus, Rod no: 2, Banjara Hills, Hyderabad-500034, India

To be completed by the APPLICANT – Please fill in with CAPITAL letters only

1. Applicant's name as per the undergraduate degree certificate

2. Address for communication: _____

3. Permanent address:

4. Email ID: _____

5. Mobile: _____ Alternate contact number: _____

6. Duration of the program you are applying for (please tick the appropriate option)

One year

Two year

7. Academic details

Course of study	Year of passing	Name of school/college attended	Marks (%) or grade
SSC or 10 th			
HSC or 12 th			
Undergraduate(B.Optom)			

(Attach all self attested copies of certificates/grade sheets semester-wise)

8. Optometry - undergraduate school/college information

Optometry school/college name	
Affiliated university	
School contact address and phone number	

Attach passport
size photograph

9. Participation in quiz, debate, poster/paper presentation, conferences, workshops:

Description	Date

10. Projects taken up/ involved:

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11. Extracurricular activities, if any:

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12. Languages you speak:

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13. Statement of purpose (SOP) for pursuing CL residency

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14. Payment details: please refer to instructions

Demand draft (DD) number		Bank name	
(Note: The candidate must write his /her name on the backside of DD)			
Online transfer/NEFT details			
NEFT transaction number		Date	
Account holder name		Amount	

Important information:

Last date of application submission	12 January 2020		
Date for online written examination	20 January 2020 <i>(10.00-11.00am)</i>		
Practical exam	31 January 2020	Time for practical exam	10.00am onwards
Practical exam venue	Contact Lens clinic, L V Prasad Eye Institute, Road No: 2, Banjara Hills, Hyderabad 500034.		

Instructions for completing the application:

1. Application fee of INR 1000/- to be paid through Demand Draft (DD) in favor of “**Hyderabad Eye Institute**” payable at Hyderabad and posted along with the completed application. For online fee payment see the below details, attach the transaction receipt along with application form.

Details for NEFT / Online Banking	
Beneficiary Name	Hyderabad Eye Institute
Bank Account No	0132030002300
Name of the Bank	IDBI
IFSC Code	IBKL0000028
Account Type	Savings
MICR Code	500 259 003
SWIFT Code	BKLINBB002
Branch Address	Road No. 2, Banjara Hills, Hyderabad, Telangana

2. Attach all self attested copies of certificates/grade sheets semester-wise and work experience letter
3. Candidates applying for one-year program should provide their self declared one-year work experience letter in **contact lens (soft and RGP) practice** along with two references. Candidates applying for two-year program should provide their self declared one-year work experience letter in **comprehensive optometry practice**.
4. Incomplete forms (including failing to attach all above mentioned attachments) will be disqualified.

Post the applications to below address

Mr Vijay Kumar Yelagondula
Brien Holden Institute of Optometry and Vision Sciences,
L V Prasad Eye Institute (LVPEI),
GPR campus, Near: Kali Mandir, Don Bosco Nagar (PO), Kismathpur, Hyderabad-500 086,
Telangana, India. Ph no: 040-30615800/02/05/07

For any queries, please contact:

Mr Vijay Kumar Yelagondula

Office: 040 -30615802/05/07

Email: vijaykumar@lvpei.org