

# Application form

## Residency in Contact Lenses

L V Prasad Eye Institute ([www.lvpei.org](http://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 <sup>th</sup>			
HSC or 12 <sup>th</sup>			
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	
<b>(Note: The candidate must write his /her name on the backside of DD)</b>			
Online transfer/NEFT details			
NEFT transaction number		Date	
Account holder name		Amount	

**Important information:**

<b>Last date of application submission</b>	15 February 2020		
<b>Date for online written examination</b>	22 February 2020 <b>(10.00-11.00am)</b>		
<b>Practical exam</b>	29 February 2020	<b>Time for practical exam</b>	10.00am onwards
<b>Practical exam venue</b>	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.

<b>Details for NEFT / Online Banking</b>	
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](mailto:vijaykumar@lvpei.org)