



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

**Diploma in Community Eye Health 2017**  
**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:** \_\_\_\_\_

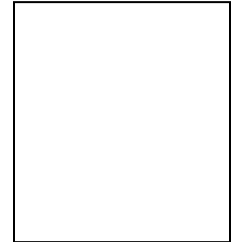
**Email:** \_\_\_\_\_

**Academic Qualifications:**

| Degree | University/Institution | Subject | Year of completion |
|--------|------------------------|---------|--------------------|
|        |                        |         |                    |
|        |                        |         |                    |
|        |                        |         |                    |
|        |                        |         |                    |

**Work Experience**

| Employer | Position Held | Date |    |
|----------|---------------|------|----|
|          |               | From | To |
|          |               |      |    |
|          |               |      |    |
|          |               |      |    |



**Program applying for**  6-months fulltime Diploma in Community Eye Health

Individual Courses in Community Eye Health

Specify course names (if applying for individual courses):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

### 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, Andhrapradesh, India.

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

**Signature of the Applicant:** \_\_\_\_\_