

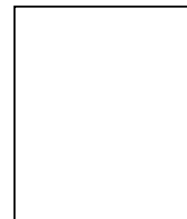
# ***Certificate Course in Program Management and Evaluation***

## **July 3 – 15, 2017**

### **Application Form – 2017**

| <b>For office use only</b> |  |
|----------------------------|--|
| Application received on    |  |
| Roll no                    |  |

Name of the candidate \_\_\_\_\_



***Instructions for filling the application form***

- Write or type clearly in BLOCK LETTERS
- Please Sign and date the declaration
- Please affix your recent colour portrait photograph (passport size) with the completed application. If the application is sent through e-mail, attach photograph (passport size) in .jpeg file format
- Make sure to provide telephone no. FAX and / or e-mail contact to avoid delay in communicating the processing status of your application
- All course communication will be sent to the Address quoted in the address for communication and Permanent address will be used as a mode for future communication.
- It is mandatory to furnish all the required information
- In case of sponsored candidate, the sponsoring authority must fill the nomination form on page 4
- Course fee: A crossed demand draft for Rs. 40,000/- payable to Hyderabad Eye Institute at Hyderabad has to be submitted after the confirmation (latest by 2<sup>nd</sup> June 2017) of the candidate's selection for admission to the course
- (For international applicants) Correct address of your embassy / consulate need to be furnished for sending a copy of the formal visa invitation letter to the Indian embassy in your country once you are confirmed to participate in the course.
- Submit your application form to / For further details contact:

**Training Coordinator,**

**Ramachandra Pararajasegaram Community Eye Health Education Centre,**

GPR International Centre for Advancement of Rural Eye Care,

L. V. Prasad Eye Institute,

Kismatpur campus, Donbosco post office, (Vikarabad-Hyderabad High way)

Hyderabad, Andhra Pradesh, India

Phone No. + 91- 40 -30615602 E-mail: [icaretraining@lvpei.org](mailto:icaretraining@lvpei.org)

Name : \_\_\_\_\_

Date of birth : DD\_\_\_\_\_MM\_\_\_\_\_YYYY\_\_\_\_\_

Sex : M  F  Nationality \_\_\_\_\_

**Address for communication:**

\_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Postal code \_\_\_\_\_

Phone No. \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

**Educational /Other Qualifications**

| Degree/Major/Course Name | College/University/ Institute & Location | Duration in years | Year of Passing |
|--------------------------|--|-------------------|-----------------|
|                          |  |                   |                 |
|                          |  |                   |                 |
|                          |  |                   |                 |
|                          |  |                   |                 |
|                          |  |                   |                 |
|                          |  |                   |                 |



Language Proficiency:

Knowledge of English: Speak  Read  Write

List other languages known:

- 1)
- 2)

**Organization Details** (Where currently employed):

Organization Name: \_\_\_\_\_

Type of Organization (Tick): Government / Private / Voluntary Organization / Others

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No: \_\_\_\_\_ FAX \_\_\_\_\_ Website \_\_\_\_\_

**Professional Experience:**

Employment Record: List positions held during the last 5 years, beginning with present position

| SNO | Name of the Organization | Title/Position | Period |    |    |    |    |    |  |  |
|-----|--------------------------|----------------|--------|----|----|----|----|----|--|--|
|     |                          |                | From   |    |    | To |    |    |  |  |
|     |                          |                | DD     | MM | YY | DD | MM | YY |  |  |
|     |                          |                |        |    |    |    |    |    |  |  |



**Sponsor Information:**

Name of the Sponsoring Organisation \_\_\_\_\_

Name of the contact person \_\_\_\_\_ Designation \_\_\_\_\_

**Address for communication**

\_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_ Phone No \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

**For International Participants only**

Country \_\_\_\_\_ Passport No: \_\_\_\_\_

Address of Embassy/Consulate for visa \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_ phone No \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Declaration: I hereby declare that the information provided in this application and the supporting documents are correct and complete to the best of my knowledge.

**Date:**

**Signature of the Applicant**

**Nomination for Sponsorship**

Please register my/our nomination(s) for Mr./Ms. \_\_\_\_\_ as per details given above. If he/she is selected for the course our organization will provide support towards the course fees.

Name of Sponsoring Authority .....

Designation of Sponsoring Authority .....

Date .....

Signature .....

