



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A unit of Nethradhama Hospitals Pvt. Ltd.)

#256/14, Kanakapura Main Road, 7th Block, Jayanagar, Bangalore – 560082

080- 2608 8000 / 260 88137 Email: education@nethradhama.org

Eye Bank: 080 – 2663 4200 Fax: 080 – 2663 3770 www.nethradhama.org

Application for fellowship in Clinical Optometry

1. Comprehensive Optometry & Contact Lenses (6 months)
2. Refractive Diagnostics & Biometry (3 months)
3. Glaucoma Diagnostics (3 months)
4. Pediatric Optometry & Orthoptics (3 months)
5. Retina Diagnostics, Electrophysiology & LVA (3 months)

PHOTO

Office Use:

Check List Of The Documents Required For Interview Of Fellowship

DATE OF INTERVIEW:

SL.NO	NAME OF THE DOCUMENT (ORIGINALS)	YES	NO
1	SSLC MARKS CARDS		
2	INTERNSHIP CERTIFICATE		
3	OPTOMETRY GRADUATION CERTIFICATE		
4	EXPERIENCE CERTIFICATE		
5	PHOTOS		
6	AADHAR CARD		
7	APPLICATION AMOUNT PAID		

Remarks:

Signature:.....

Personal Information

Name:	Father's Name:	
Mailing Address:	Permanent Address:	
Phone No/Mobile No.:	Email Id:	
Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
District & State of Domicile:		
Citizen of:	Mother Tongue:	
Marital Status: <input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	

Languages known: Tick in the relevant column

No.	Language	Speak	Read	Write
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name, designation & address of 3 persons (not related to you), whom we can contact for reference:

Sl. No.	Name & Designation	Address & Phone No.	How does this person know you
1.			
2.			

Declaration

I hereby declare that all the information given in this form is true and accurate.

Date:
Place:

Signature of the Candidate