



# Giridhar Eye Institute

Ponneth Temple Road, Kadavanthra, Cochin – 682 020

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Email:fellowship\_optometry@giridhareye.org

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Academic Year:

Application for

## FELLOWSHIP IN COMPREHENSIVE CLINICAL OPTOMETRY (FCO) 1 Year

(PLEASE FILL THE APPLICATION FORM IN BLOCK LETTERS)

Name of the Candidate : \_\_\_\_\_

Gender : Male / Female / Other

Date of Birth : \_\_\_/\_\_\_/\_\_\_

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

District \_\_\_\_\_ Pincode \_\_\_\_\_

Contact No : Mob1: \_\_\_\_\_ Mob2: \_\_\_\_\_

Email Address : \_\_\_\_\_ @ \_\_\_\_\_ .com

### Details of Educational Qualification:

Course Studied	Name of the Degree	Month & Year of Passing	Name of the Institution and University	% of Marks & Class
Graduate				
Other Qualifications				

(Enclose Attested copies of UG/PG Provisional Certificate or Degree Certificate)

Additional Qualification (courses and programmes attended)

## Professional Experience

Employment Record: List positions held during the last 2-3 years, beginning with present position (if applicable)

Name of the Organization	Title or Position	Period	
		From	To

Hostel Accommodation : Yes / No

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Place:

**Signature of the Applicant**

### Enclosures:

Note: Self-attested photocopies of the following should be enclosed with the application form.

- a) Application Form
- b) School Leaving Certificate
- c) Higher Secondary Certificate
- d) Degree Certificate (Optometry)
- e) Other Qualifications / Experiences (if any)
- f) Applicants should transfer the Registration amount of Rs.500/- to the following account:

Name : SSM EYE RESEARCH FOUNDATION

Account No : O374053000002018

Bank : SOUTH INDIAN BANK

Branch : VYTTILA

IFSC Code : SIBL0000374

Filled in application form with enclosures to be forwarded to:

[fellowship\\_optometry@giridhareye.org](mailto:fellowship_optometry@giridhareye.org)