



# MGM Eye Institute

(A Project of Miki Memorial Trust)

5th Mile, Vidhan Sabha Road, Raipur - 493 111, Chhattisgarh, India

Ph: (91)-(771) 2970670, 2970671, 2970672

## Application Form for Paramedical Training Programs

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Photo

(Please complete the application form in block capital letters)

Applying for (Please tick)				
<input type="checkbox"/> Optometry Internship	<input type="checkbox"/> Vision Technician training	<input type="checkbox"/> Ophthalmic Nursing Assistants		<input type="checkbox"/> Ophthalmic Counselors
<input type="checkbox"/> Specialized optometry training in Anterior Segment Diagnostics	<input type="checkbox"/> Specialized optometry training in Posterior Segment Diagnostics	<input type="checkbox"/> Specialized optometry training in Low Vision	<input type="checkbox"/> Specialized optometry training in Contact lens	<input type="checkbox"/> Operation room technician or CSSD technician

### Address for Communication

Name of Candidate:-		
Gender:-	Date of Birth:-	
Address:-		
City:-	State:-	Country:-
Email Id:-	Mobile No:-	Marital Status:-

### Qualification (Please Attach Self Attested Copies of Certificates):

No	Examination Passed	Institution	Year of passing
1.	10th		
2.	12 <sup>th</sup>		
3.	Other		
4.			
5.			

**Present Employment:**

Name of Organization:

Organization Type: Private  Govt.  NGO

Present Place of Working:

Designation:

Organization Contact No:

Organization Fax No:

**Work Experience (Past):**

Sl. No	Organization	Organization Type (Private/Govt/NGO)	Designation	From	To

**Declaration:**

I hereby declare that all the information given in this form is true and best of my knowledge. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date :

Place :

Signature of Applicant