



L V Prasad Eye Institute

Academy of Eye Care Education

Kallam Anji Reddy Campus

Hyderabad, India – 500034

Email: vijaykumar@lvpei.org

Website: www.lvpei.org

Photograph

Summer Internship - Optometry

To be completed by the APPLICANT – Please fill in CAPITAL letters only

Applicant complete name

First name

Middle name

Last name

Nick name: _____

Address for communication: _____

Permanent address: _____

Email ID: _____

Phone number (with STD code): _____ - _____

Mobile: _____ Alternate number: _____

Academic information

Optometry school/college name: _____

Affiliated University: _____

School contact address: _____

Year of Optometry training: _____

Summer break start date: _____ Summer break end date: _____

In-charge of your school/college (name):

First Name Middle Name Last Name

In-charge of your School/College (Phone number): _____

Course of study	Month and Year of Passing	Name of the School/College	Percentage of marks/grade
SSc (10 th) grade			
HSc (12th grade)			
Undergraduate			
Other certification			

(Enclose attested copies of certificates)

Projects taken up/Involved: _____

Sponsorship/Scholarship: _____

Extra-curricular activities: _____

Summer Internship - Optometry - 2018

Language Proficiency (please put ✓ mark)

English: Speak ☐ Read ☐ Write ☐

Hindi: Speak ☐ Read ☐ Write ☐

Telugu: Speak ☐ Read ☐ Write ☐

Oriya: Speak ☐ Read ☐ Write ☐

Other Languages Known: _____

Briefly state your reasons for being interested in pursuing the Summer Internship program at LVPEI for Optometrists:

Declaration

I hereby declare that the the information given above is true to the best of my knowledge.

Date: _____

Place: _____

Yours sincerely,

Application Instructions:

- Download this application form and fill in the details
- Summer internship fee of INR 10000/- to be paid through Demand Draft in the name of "Hyderabad Eye Institute" payable at Hyderabad posted along with the application.
- Attach self-attested copies of all the certificates (semester-wise)
- Attach provisional letter from your institute/school/college permitting you to pursue this Internship at our Institute.
- Any incomplete forms (including failing to attach all the attachments mentioned above) will be disqualified and not considered.

Payment Details:

Particulars of Demand Draft:

Note: This amount will not be returned even if your application for summer internship for optometry 2018 at LVPEI is rejected.

DD No. _____ Rs. _____

Date: _____ Bank: _____

Note: The candidate should write his/her name on the reverse of the DD

Last date of application : 05 May 2018
Venue : Kallam Anji Reddy Campus, Hyderabad
Duration of program : 5 weeks (Summer break)
Selection process : On merit basis after reviewing the applications
Program start date : 21 May 2018
Program closing date : 23 June 2018
Internship fee : INR 10000

Postal Address:

Mr. Vijay Kumar Yelagondula,
Education Department,
Brien Holden Institute of Optometry and Vision Sciences,
L V Prasad Eye Institute,
Kallam Anji Reddy Campus,
L V Prasad Marg, Banjara Hills, Road No: 2,
Hyderabad, Telangana State.
India 500 034.

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30615804/02 (BLSO)

