

Application Form

Clinical Internship in Optometry

Occura Eye care and Research Center

Rajpath Club road, Opp. Kensville Golf Acadamy, Bodakdev, Ahmedabad-

380059, Gujarat

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

1. **Applicant's name as per the undergraduate marks sheet**

Attach passport size
photograph

2. **Address for communication:** _____

3. **Permanent address:**

4. **Email ID:** _____

5. **Mobile:** _____ **Alternate number:** _____

6. **Academic details**

Course of study	Year of passing	Name of school/college attended	Marks (%) or grade
SSC or 10 th			
HSC or 12 th			
Under-graduate			

7. Under-graduate school/college information (please obtain consent from the faculty before providing the below details:

Optometry school/college name along with address	
Affiliated university	
Optometry in-charge/HOD name	
E-mail ID	
Contact number	

8. Participation in quiz, debate, poster/paper presentation, conferences, workshops:

Description	Date	Duration

9. Projects taken up/ involved:

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10. Extracurricular activities, if any:

11. Languages you speak:

12. Briefly state reason for pursuing this Internship:

13. Personal Information:

Relation	Name	Age	Occupation	Monthly Income
Father				
Mother				
Brother/s				
Sister/s				
Wife/Husband				
Children				

Admission exam details

Last date of online application submission	26/06/2023
Date of Personal Interview	30/06/2023
Starting Date of Internship	10/07/2023

Payment details

Demand Draft details			
Demand Draft number		Date	
Account holder name		Amount	
Bank name		Branch	

Instructions for completing the application:

1. Application fee of **INR 800/-** (Non Refundable) to be paid through Demand Draft, bank details provided below.

Details for Demand Draft
OCCURAEYECARE AND RESEARCHCENTER UOAPKL Payable at Ahmedabad

2. Attachments:

Attach the scanned copy of Demand Draft along with application form and attachments listed below

- a) Aadhar Card
- b) PAN Card
- c) Mark sheets :
 - i) 10th
 - ii) 12th
 - iii) Undergraduate (B. Optometry 3rd year or 6th semester marks/grade sheet)

(If you haven't yet received 6th semester marks/grade sheet, please submit letter from the HOD that marks/ grade sheet is not issued by the University. Also not that internship admission depends on the 6th semester result).

Any incomplete forms (including failing to attach all above mentioned attachments) will be disqualified.

3. Please Bring the Printed Application form along with Original documents and Demand Draft along with you during Personal Interview.

Terms and Conditions

The Intern specifically agrees to and acknowledges the following:

- This internship is educational in nature and there is no guarantee or expectation that the internship will result in employment.
- The Hospital may at any time in its sole discretion, terminate the internship without notice or cause.
- Intern will maintain a regular internship schedule determined by the Intern and their supervisor.
- Intern will demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.
- Intern will obey the policies, rules and regulations of the Hospital and comply with the Hospital’s business practices and procedures.
- Intern will furnish his/her supervisor with all necessary information pertaining to the internship, including related assignments and reports.
- Under no circumstances will Intern leave the internship without first conferring with Intern’s supervisor.
- Transportation to and from the internship site is the responsibility of the Intern.
- Intern is not entitled to wages or any compensation or benefits for the time spent in the internship.
- Company is not liable for injury sustained or health conditions that may arise for the intern during the course of the internship.

I hereby declare that all the information given in the application is true to the best of my knowledge. Furthermore, I have read the terms and conditions of the internship and agree to adhere to them.

Student’s Signature

Date:

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Email the completed application form along with the necessary documents to:

Info@occuraeyecare.com

For any queries, please

Contact: 9998051203