



Application Form: Clinical Internship Program 2025-26

Name As On Certificate						
Father / Spouse Name						
Date of Birth (DD/MM/YYYY)	Gender: Male Female					
Marital Status	Married Unmarried					
Nationality						
Mobile No. / WhatsApp No.						
Email ID						
Aadhaar Number						
PAN Number						
Bank Name						
Account Number	(Not applicable for Interns applying for Punjab, UP and Kerala)					
IFSC	(Not applicable for Interns applying for Punjab, UP and Kerala)					
	(Not applicable for Interns applying for Punjab, UP and Kerala)					
College Name						
Branch Name/Location of College						
Name of the University						
Optometry Incharge/HOD Na	ame (
Contact No.						

nternship Coordinator / College Head
Name
Contact No.
Languages Known Benglish Tamil Malayalam Sannada Hindi Telugu Bengali Gujarati
Region / State Available: West Bengal Maharashtra Uttar Pradesh Madhya Pradesh Odisha Rajasthan Andhra Pradesh Telangana Chennai Bangalore Gujarat Punjab Kerala Jammu Andaman Rest of Tamil Nadu Rest of Karnatak
Please state in the preferred order: 3) Anywhere in India
Present Address / Guardian Address
City State
Postal / Zip Code
Permanent Address
City State
Postal / Zip Code

Academic Background

Education	College Name & State	Board / University	Subjects	Year of Passing	% of the Marks
Class 10th					
Class 12th					
•	Diploma Aggregate for 0	ptometry (%	%)		
1st year (%)	2nd	l year (%)	3rd	year (%)	
	ules and Regula	_		eceiving conf	irmation (

- 2 Pnotos (1 Stamp + 1 passport size pnoto)
- Photocopy of all the semester marksheets
- □ ID Proof (Aadhar Card & PAN Card)* / Voter Card / Driving Licence) Apply for PAN if it is not available
- No Objection certificate from college
- **Bonafide Certificate**
- 10th & 12th marksheet

Bank account must belong to the student only

Cancelled Cheque / Passbook required while joining

Only after submission of all documents, fee receipt & confirmation letters, students should join internship

For Office Use Only

Date of Receipt (
Remarks		

Address For Sending Application:

Course Co-ordinator

Dr Agarwals Institute of Optometry

#148, 3rd Floor, Ranganayaki Complex, Greams Road, Chennai - 600 006.

Mobile: +91 97890 60444

Email: internship@dragarwal.com