



# Siliguri Greater Lions Eye Hospital

Ophthalmic Training Institute

2<sup>nd</sup> Mile Sevoke Road, Behind Vishal Cinema,

Siliguri – 734002, West Bengal

Tel. (0353) 2543457, 2543301, Fax: (0353) 2545741,

website: [www.greaterlions.org](http://www.greaterlions.org), E-mail: [sgleh@greaterlions.org](mailto:sgleh@greaterlions.org)

(Photo)

1. Course Applied for: \*\*Internship for B.OPT  Fellowship in  
Ophthalmic Investigation (Newly introduced :6 months):

2. One Month Observationship for 2<sup>nd</sup> & 3<sup>rd</sup> year B.OPT Students

Vision Technician (2 years)

Ophthalmic Assistant (2 years)

Optical Dispensing (Newly introduced: 6 months)

2. Name of the applicant \_\_\_\_\_

3. Gender: Female  Male

4. Date of Birth (DD/MM/YY): \_\_\_\_\_

5. Marital Status: Married  Single

6. Mailing Address:

\_\_\_\_\_

Tel (home): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_

7. Permanent Address:

\_\_\_\_\_

(home): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_

8. Guardian's Name:

\_\_\_\_\_

Parent's/Guardian's Permanent Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

9. ACADEMIC RECORDS:

Programme	University	Subject	Year of	Division
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Name			Passing	

**10. WHO WILL BE PAYING THE FEES?**

Self (Candidate)  Sponsoring Organization  (Please Specify  
:\_\_\_\_\_)

**11. Mode of payment: Cash**

**E. DECLARATION BY THE APPLICANT:**

I declare that all information given in this form is true and correct. I understand that I will not be registered until a place is offered to me by NIO and I fulfill all requirements of registration, including the payment of requisite fees.

Place: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

**12. CHECKLIST FOR ENCLOSED DOCUMENTS:**

Please enclose the following documents along with the application:

- i) Three copies of passport-size photographs
- ii) A photocopy of ID proof (Pan Card/ Voter Card/ Aadhar/Passport)
- iii) A certified true copy of all relevant results
- iv) Please enclose an Application & Processing Fee of the course applied.

13.

**14. Contact Details: Mr Joseph.M (Training Instructor)**

Email id: [josh85@gmail.com](mailto:josh85@gmail.com)

Mobile No: +91 9007921938/ +91 7479012799

**\*\* Internship duration: 12 months, we will conduct exam (Viva and Practical's)  
International students need to submit the "FORM S"**