United 4 Eye Care

ANURADHA SUPER SPECIALITY EYE HOSPITAL

100 ft Road, Ganesh Mandir Bylane, Gandhi Colony, Vishrambag, Sangli (MH) 416 415

0233- 2301058, 2301939/ 40/41 e-mail : info@anuradhaeye.com web : www.anuradhaeye.com

APPLICATION FORM

Training Programme of **"Counselling in Ophthalmology"**

Instructions :-

A] The Application Process -

1. Your application process consists of 3 parts: Personal Details, Guardian Details, Organization Details You are responsible for filling all the details and should be sent together with this form. Your application will be reviewed once we have received all of the documents.
2. The declaration should be signed with the date mentioned. If submitted electronically, your typed name will be considered as your signature.
3. A passport size recent photograph should be attached to your emailed application (strictly.jpg format) or affixed to your printed application.
4. Necessary Educational document should be present at the time of course joining a part from that your Photo ID proof, Residential proof, 2 Photographs, Educational Documents Photo copy is needed.
5. Who can attend this course -Any Counsellor in Eye Hospital.

B] Course communication language will be in Marathi, Hindi, Kannada & English

C) Documents Submission & Reporting :

Reporting Person	:	Mr.Sarjerao A Misal
Positon / Designation	:	Administrative Officer of Anuradha Superspeciality Eye Hospital
Phone	:	0233/2301939,40,41
Mob No	:	+91 9665896003
E – mail	:	info@anuradhaeye.com

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1) Personal Details :

Applicant Name : .....

Date of Birth : / / (dd/mm/yy)

Sex/Gender : Male Female

Self-Mobile No. :..... , Alternate No.....

Email Address :.....

Affix Photograph

Current Address :.....

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Taluka : - :.....District :- .....State.....

Postal code :.....

2) Name & Address of Guardian

Name of Guardian :.....

Address :.....

.....

Relation With Candidate .....

Mobile No. :.....

3) Name & Address of Organization

Name of Organization : .....

Type of Organization : .....

Name of Director / Chief Consultant :.....

Mobile No. : .....

Address of organization : .....

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4) List your academic qualifications, starting with the most recent degree : -

Degree	College/University	Duration	%	Passing Year

5) Additional Courses and Programme Attended

Course	Description Institute & Location	Duration	Date

6) A scanned copy of your educational certificate should be sent along with this application

7) Language Proficiency:

List other languages known (**Please mention YES / NO in the appropriate boxes)**:

Languages	Read	Speak	Write
ENGLISH			
HINDI			
MARATHI			
KANNADA			

8) Course Fee : Rs. 7000/- (Seven Thousand only) For Six Days

9) Preferred Weekly Batch :- From | **Monday - / / To Saturday / /**

10) Mode of Payment :

a) Self-financed ☐

Mode of Payment	
Cash ☐	**Cheque** ☐

b) Organization-financed ☐

Mode of Payment	
Cash ☐	**Cheque** ☐

11) Accommodation Charges : Anuradha Super Speciality Eye Hospital

Daily Tariff for per occupant	Singal Special Room	Singal AC Deluxe Room	Twin-Sharing Special Room	Twin-Sharing AC Deluxe Room	Suit Room
Per Day	500/-	1000/-	250/-	500/-	1500/-

***Twin Sharing rooms will be allotted based on the availability of the other sharing partner**

(Rent for all of the above rooms will be excluding meals. The Hospital has a canteen facility (Only vegetarian meals available in the hospital canteen)

12) Information for Course Design :

a) How Did you recognize our hospital ?

b) Describe your current responsibilities in your organisation ?

c) Describe your areas of interest that would contribute to classroom discussions.

d) what is your expectation from this course?

Declaration: I declare that the information provided in this application and the documentation supporting is correct and complete.

Signature of the Applicant: Date: