**Certificate Course on Vision technicians**

**December 2015 - January 2016**

**Participants Details:**

|  |  |  |
| --- | --- | --- |
| Name of the candidate | **:** | Click here to enter text. |
| Title Name | **:** | Mr☐ Ms ☐ Dr ☐ |
| Address for Communication | **:** | Click here to enter text. |
| Street | **:** | Click here to enter text. |
| City | **:** | Click here to enter text. |
| State | **:** | Click here to enter text. |
| Country | **:** | Click here to enter text. |
| Postal Code | **:** | Click here to enter text. |
| Mobile No | **:** | Click here to enter text. |
| Email Id | **:** | Click here to enter text. |

**Organisation Details:**

|  |  |  |
| --- | --- | --- |
| Name of the organisation | **:** | Click here to enter text. |
| Type of the Organisation | **:** | Government☐ Private☐ Non Profit☐ Others ☐ |
| Participant Designation | **:** | Click here to enter text. |
| Organisation Address | **:** | Click here to enter text. |
| Street | **:** | Click here to enter text. |
| City | **:** | Click here to enter text. |
| State | **:** | Click here to enter text. |
| Country | **:** | Click here to enter text. |
| Postal Code | **:** | Click here to enter text. |
| Contact No | **:** | Click here to enter text. |
|  |  |  |

**Reporting Authority Details:**

Name of the reporting authority: Click here to enter text.

Designation of the reporting authority: Click here to enter text.

E mail id: Click here to enter text.

Contact No: Click here to enter text.

**Educational Qualification:**

Name of the Degree: Click here to enter text.

College/University & Location: Click here to enter text.

Duration: Click here to enter text.

Year of passing: Click here to enter text.

**Training Details:**

**How many refraction were done and how many spectacles will you prescribe per day?**

Click here to enter text.

**Briefly describe your current duties and responsibility:**

Click here to enter text.

**Areas/Topics to be covered during this training**:

Click here to enter text.

**Please describe your main objective and goal for attending this program:**

Click here to enter text.

**For International Participants: (for applying visa)**

**Passport Number:**Click here to enter text.

**Name as per the passport:**Click here to enter text.

**Address of Embassy:**Click here to enter text.

**Payment details:**

*(Is course fee payment made directly by the participant or nominating organization? Is it sponsored by any other agency?)*

**Funding/ Sponsoring Organization details:**Click here to enter text.

Date: Click here to enter a date.