



BB EYE FOUNDATION

'Sukhsagar', 2/5A Sarat Bose Road, Minto Park, Kolkata - 700 020

Phone : 9163940000, 9163944770, 9836789507, 24862720, 24862722

E-mail : bbef10@gmail.com, Website : www.bbeye.in

APPLICATION FORM FOR FELLOWSHIP OF OPTOMETRISTS

Please affix
your
Passport
Size
Photograph

Tick your fellowship of interest (maximum 2)

- a) Cataract & Refractive
- b) Comprehensive
- c) Glaucoma
- d) Pediatric

I. PERSONAL INFORMATION:

a. Full Name _____
First Name Middle Name Last Name

b. Gender: Male Female Others

c. Date of Birth (DD/MM/YYYY)

d. Marital Status: Single Married

e. Address for Communication

Pincode:

Phone/Cell1:

E. Mail:

Permanent Address

Pincode:

Phone/Cell2:

II. PROFESSIONAL INFORMATION:

Name of Degree

Name of the College:

Name of the University/Board

Year of Passing

Internship at

Signature

Date:

Completed form along with CV & photocopy of certificates to be emailed to:

Ms. Sreemoyee Bhattacharjee

Incharge Operations

Email: **bbefincharge.operations@gmail.com**