



**ELECTIVE APPLICATION FORM**

**Background of student**

Name.....

Age/Sex.....Nationality.....

Address for communication:

Phone:

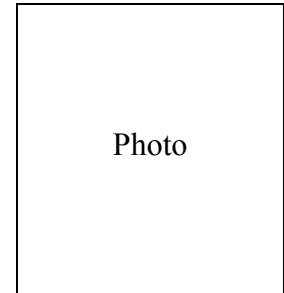
Email:

Language proficiency:

Academic qualification

Name of University:

Proposed date for elective exposure: .....to.....



**A. What and how long experience do you have in eye health care services?**

- Work
- Volunteer

**B. Presentation/Publication:**

**C. Awards and Fellowship:**

**Specific expectation from exposure:**

**Rational of Exposure:**

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Signature of Applicant