**VISION 2020: The Right to Sight – INDIA**

18th Annual Conference, Ludhiana, Punjab

**VISION 2020 to 2030: Insights and Path Ahead**

6-7 July 2024

**Category 1 - Scholarship Application (only for member hospitals)**

[Category 1 - Optometry students/Interns]

1. **Full Name of Applicant:**
2. **Gender of Applicant:** 1. Male 2. Female 3. Other
3. **Applicant is** [Tick only one]**:** 1. Student of Optometry course 2. Optometry Intern
4. **Contact Details of Applicant:**
   1. Email :
   2. Mobile (preferably Whatsapp number):
5. **Name and address of Optometry college, if any, where the applicant is studying/doing internship:**
6. **Name and address of Member Hospital running the Optometry college where the applicant is studying/doing internship:**
7. **How the applicant’s participation in the conference will help him/her in their career [write in approx. 150 words]**
8. **Bank account details [**will be used by VISION 2020 INDIA to reimburse the scholarship amount in case scholarship is awarded**].** Provide details to which reimbursements shall be made.
9. Name of applicant/applicant’s hospital as per Bank records:
10. Bank Name:
11. Branch Name:
12. Account Number:
13. Account Type (Savings/Current/Others)
14. IFSC Code:
15. City/Location of Branch:

Signature of Applicant:

Date [MM/DD/YYYY]:

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| **Nomination by Head of the Optometry College/Head of the Institution**  On behalf of the college, I nominate [*name of applicant*] for the scholarship to participate in the annual conference to be held at CMCH, Ludhiana, Punjab, during 6-7 July 2024. In case the scholarship is awarded, I assure that the applicant will actively participate in the conference for both the days.  College/Institution Stamp  *Name of Principal/Vice-Principal/Head of the Institution:*  Signature with Date: |