Eye bank project- "The HANS Foundation, AIIMS Rishikesh and LVPEI EYE BANK Project".

Application Format for Eye Bank

Post applied t	for: Corneal	Transplant Coc	ordinator / Eye ba	nk technician /	Councilor
Name :					
ge: Sex:					
Date of Birth :					Latest Photo
Father`s name:					Self- attested
Address :					
Mobile No :		Con	tact No :		
E.mail:					
ducational Qua Qualification High School	lification: (Se	lf-attested Photo Board / U	o copy to be attac	ched) % of marks	Remark
Intermediate					
Other					
xperience:(Self	-attested Pho	oto copy to be at	tached)		
Post	Org	anization	From / To	Period	Salary
Other:					
Date:			Signature		

Note:–Form to be submitted in Department of Ophthalmology Office 5th Floor "A" Block Medical College.