

**IVI Online Career Counselling**

Registration form

Name of the institution .....

Address of the institution .....

Name of the principal/incharge .....

Optometry courses offered

1) .....

2) .....

If you are an optometry student and would like to individually register for the program please fill in the below

- Name.....
- Institute name.....
- Current academic year.....
- Email ID.....
- Contact number.....

Interested to participate in,

- Session I
- Session II
- Both

Point of contact from the institution

- Name .....
- Contact number .....
- Email id.....

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Signature of principal/incharge of the institution (with seal)

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Date

***Scanned copies of the completed registration forms must be sent to  
sheeba.swarna@indiavisioninstitute.org***