



CLINICAL Volunteering Program Application Form
For Volunteering, Observership and Internship Programs

Applying Period	Applications Accepted
January through March	Month of September
April through May	Month of December
June through August	Month of May
September through November 15	Month of May

Note: No early or late applications will be accepted.

Note: Application processing will start at end of application period. You should expect to hear back within 4 weeks after application deadline.

Note: We do not have Volunteering opportunities between November 15th through January 15th.

Please fill out all sections of the application form and email them with all related material to sefintern@giftofvision.org



SECTION 1: PROFILE OF THE VOLUNTEER

NAME _____
(Last, First, Middle): _____ DATE OF BIRTH: _____

SEX (M/F): _____

COUNTRY OF CITIZENSHIP: _____ EMAIL ADDRESS
(used for correspondence and for newsletters): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TEL (H): _____ TEL (O): _____

TEL (C): _____ FAX: _____

CURRENTLY ENROLLED IN (check one):

Medical School

Residency

High School (please check one): 10th Grade 11th Grade 12th Grade

Other (HS Graduate (or equiv) or higher)

If you selected "Residency" or "Other", please explain: _____

NAME OF INSTITUTION (currently enrolled in): _____

GRADUATION DATE: _____ CURRENT YEAR OF STUDY (1st year medical student, etc): _____

LICENSE #: _____ DATE ISSUED: _____

SPECIALTY: _____ YEARS OF EXPERIENCE: _____

EXPOSURE TO OPHTHALMIC DIAGNOSTICS AND SURGERIES (Kindly quantify): _____

AREA OF INTEREST (WHILE VOLUNTEERING): _____



HOSPITAL
AFFILIATION(S): _____

LANGUAGES SPOKEN: _____

None Beginner Intermediate Fluent

INDIAN LANG.
FLUENCY: _____

SECTION 2: VOLUNTEER PREFERENCES

APPLYING FOR (check one) – please see website if you have questions on requirements:

Clinical Volunteering Clinical Observership Clinical Internship

LOCATION APPLYING FOR (if more than one, please use numbers to designate priority):

- SEH Anand
- SEH Bangalore
- SEH Coimbatore
- SEH Guntur
- SEH Shimoga
- SHE Ludhiana

Anand Bangalore Coimbatore Guntur Shimoga Ludhiana

IN ORDER OF PREFERENCE, GIVE PREFERRED DATES AND DURATION FOR VISIT:
(Clinical Volunteering is not available from November 15th through January 15th)

1.

2.

3.

QUESTIONS:

1. What do you expect from this program at the Sankara Eye Hospital?



SECTION 3: TO BE COMPLETED BY DEAN'S OFFICE (or person who approves this at your institution) OF THE APPLICANT'S INSTITUTION

This section is to be filled out if you would like to receive credit from your institution for participating in the Sankara Eye Foundation Volunteering program.

Applicant Name:

The above named student is registered in the _____ program.

He/She is in good standing at the listed institution and has permission to study with Sankara Eye Hospital Project Surgery.

- The student is is not covered by malpractice and liability insurance.
- The student is is not covered by health insurance (enclose proof).
- His/her overall academic standing is: Excellent Good Solid Satisfactory

Dean or Advisor Signature:

Print Name of Dean or Advisor:

Title:

Date:



<Please affix institution seal here>

ADDRESS OF INSTITUTION: This is where the evaluation will be mailed to by Sankara Eye Hospital after the completion of the internship.

Name of Institute:

Address:

_____ State: _____ Zip: _____

City:

SECTION 4: EMERGENCY CONTACT INFORMATION

CONTACT NAME IN USA (IN CASE OF EMERGENCY): (Parents/Friend)

NAME: _____ RELATION: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

PHONE: _____ PHONE: _____

SECTION 5: DONATION INFORMATION

Please go to (<https://npo.networkforgood.org/Donate/Donate.aspx?npoSubscriptionId=3808>). Please state "Internship Application Processing Fee" in the Comments Section. The receipt must be provided with the application. The fee structure is as follows.

1. **For applications submitted by the deadline**, a Processing fee of \$100 (Non Refundable) is required to be paid through <https://donatenow.networkforgood.org/1434823>



2. **For applications submitted 1 day to 3 months past the deadline**, a Processing fee of \$200 (Non Refundable) is required to be paid through <https://donatenow.networkforgood.org/1434823>
3. **For applications submitted past 3 months past the deadline** a Processing fee of \$360 (Non Refundable) is required to be paid through <https://donatenow.networkforgood.org/1434823>
- 4.

Date Application Submitted: _____

Amount of Donation: _____

SECTION 6: SIGNATURE OF APPLICANT

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

Date

SANKARA EYE FOUNDATION / SANKARA EYE HOSPITAL CONTACTS

USA: **Sasikala Muralidharan**, Internship Coordinator, Sankara Eye Foundation, 1900 McCarthy Blvd., Milpitas, CA 95035. Ph: 1 866 SANKARA(726-5272), Email: sefintern@giftofvision.org, Website: www.giftofvision.org

USA: **Mr. Murali Krishnamurthy, Chairman**, Sankara Eye Foundation, 1900 McCarthy Blvd., Milpitas, CA 95035. Ph: 1-866-726-5272 Email: info@giftofvision.org, Website: www.giftofvision.org

INDIA: **Dr. Kaushik Murali**, Sankara Eye Centre, Sathy Road, Coimbatore-641 035, India. Ph: 91 - 422 – 2666 450, Email: murali.kaushik@gmail.com, Website: www.sankaraeye.com