



Optometry Council of India

Creating excellence in eye & vision care through optometry education & regulation

Best Case Report Presentation- Award

Best Optometry Care Provided

Eligibility Criteria:

Minimum 8 years of work experience after B. Optom or B.Sc. Optometry and OCI member in good standing for minimum 3 years

The nominee (including self) shall submit in not more than two printed A4 pages about the following points mentioned below

- 1.** Uniqueness of the case
- 2.** Patient profile
- 3.** Clinical findings (Original photo and/or video)
- 4.** How was the condition managed? (Original photo and/or video)
- 5.** Follow up (minimum 2)





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Along with submission of the duly filled form, please attach pictures, videos, of the case along with 2-4 references from literature similar to the case you describe and the recent resume of the nominee (including self)

Details of the nominee (*including if nominating self*)

Title	
Name of the nominee	
OCI registration number	
Organization	
Designation	
Mobile number	
Landline number	
E-mail	

Details of the person nominating (*Not Applicable in case of Self Nomination*)

Title	
Name of the person nominating	





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Organization	
Designation	
Mobile number	
Email ID	
Relationship with nominee	

Educational Qualification of the nominee (*last three, beginning with highest qualification*)

Degree	University	Year completed





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Professional History of the nominee (*beginning with current, last three assignments/positions held*)

Organization	Position	Year Appointed	Location

Reference letter (*Applicable in case of Self Nomination only*)

Two reference letters, from referees indicating basis of their support for your own nomination, has to be submitted. The referee cannot be a relative of the nominee. The referees should be familiar with the nominee's work.

Referee-1 contact details (*Applicable in case of Self Nomination only*)

Title	
Name	
Designation	





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Organization Landline telephone number	
Mobile number	
E-mail ID	
Relationship with nominee, if any (Supervisor/mentor/teacher/Guide/etc.)	

Referee-2 contact details (*Applicable in case of Self Nomination only*)

Title	
Name	
Designation	
Organization Landline telephone number	
Mobile number	
E-mail ID	
Relationship with nominee, if any (Supervisor/mentor/teacher/Guide/etc.)	

Disclaimer





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- The jury members may contact the nominee/referee to confirm nomination.
- All the documents(testimonials) submitted should be self-attested

Kindly submit your nominations at info@optometrycouncilofindia.org . In case you want to send us hard copy please send to below address:

Optometry Council of India
5&6 Vasu complex
RMV, 2nd Stage
New BEL road
Bangalore 560054

