



OPTOMETRY CONFEDERATION OF INDIA

(FORMERLY OPTOMETRY COUNCIL OF INDIA)

Registered under Section 8 of the Companies Act (Not for Profit)

Registration No. : U93000DL2012NPL241009

Best Case Report Presentation

Dr. Rajeshwari Mahadevan Award

Best Optometry Care Provided

Eligibility Criteria:

Minimum 5 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)
6. Discussion

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	



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Organization	
Designation	
Mobile number	
Landline number	
E-mail	

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

Title	
Name of the nominating person	
OCI registration number	
Organization	
Designation	
Mobile number	
Relationship with Nominee	
E-mail	

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



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Degree	University	Year completed

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 references 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.



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Referee-1 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.)	

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

Title	
Name	
Designation	
Organization Landline telephone number	
Mobile number	
E-mail ID	



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Disclaimer

- 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@ocindia.org.

Optometry Confederation of India

5/6 Vasu Complex, RMV 2nd stage,
New BEL road,
Bangalore- 560054