

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

Public Health Award

Contributions towards the community

Eligibility Criteria:

Minimum 10 years of work experience after Diploma in Optometry or 8 years of work experience after B. Optom / 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 his/her contributions in the points mentioned below

1. Best practice so far with qualitative and quantitative benefits to the eyecare fraternity/community
2. Measurable impact created (fill the table)
3. Innovative activity – if any
4. Presentations / publications based on the work done

Along with submission of the duly filled form, please attach testimonials, pictures, videos, newspaper clips etc. and the recent resume of the nominee (including self)

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Point: 2 – Measurable impact created

Number of patients seen in 2020	
Hospital / Private practice	
Spectacle prescriptions in 2020	
Patients referred for specialized treatment in 2020	
Number of children seen in 2020	
Number of spectacle products advised in 2020	
Number of camps held in 2020	
Any awareness campaign in 2020	
Other activities if any	

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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	
Organization	
Designation	
Mobile number	
Email ID	

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

Degree	University	Year completed

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

Organization	Position	Year Appointed	Location

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

Two reference letters, from referees indicating basis of their support for your own nomination, including your contribution in the above list, 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	
Organization Landline telephone number	
Mobile number	
E-mail ID	
Relationship with nominee, if any (Supervisor/mentor/teacher/Guide/etc.)	

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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

- 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