

## EYE CHECK-UP CAMP APPLICATION FORM

SCHOOL - Information	
School Full Name	
Established Year	
Contact Number	
E-mail ID	
Full Address	
Landmark	
How do you know about this Foundation? Reference Name and Contact #	
Principal or Head Master Name	
Contact Number	
E-mail ID	

School – Academic Record (from past four years)			
Year	Class/Course Name	Pass %	Top Marks Percentage or Top Grade

EYE Check-up Camp – Requirement	
Requirement Description:	
Previous EYE Check-up Completion Date, if conducted	
Expected Fulfilment Date	
Class	Number of Students
V	
VI	
VII	
VIII	
IX	
X	
<b>Total</b>	

**Declaration:** We confirm that the information provided in this application form is correct to the best of my knowledge

Signature: \_\_\_\_\_

Date:

Send fully filled application to [wellwishers.foundation@gmail.com](mailto:wellwishers.foundation@gmail.com)