

Application for admission to Internship Programme in clinical Optometry

To be filled in by the candidate in his / her own handwriting legibly **IN CAPITAL LETTERS IN ENGLISH**

1. Name of the Candidate (in block letters)
as in the SSLC / H. Sc Record
(attach Gazette notification copy if name has been changed)

:

**Affix Passport
Size Photo
Here
Do not staple**

2. Course Applied for
(With Specialization)
:

**Internship Programme in
clinical Optometry (PT)**

3. Enrolment Number
(to be filled by the college / Institution)
:

**Signature of
the Candidate**

4. Name of the Father / Guardian / Mother
and Occupation

:

5. Sex

:

Male Female

6. Date of Birth

:

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7. Nationality

:

8. Social Status (OC/BC/MBC/SC/ST)

:

9. Address for Communication (IN CAPITAL LETTERS IN ENGLISH ONLY)

Present Address	
Phone No	:
Mobile No	:
Email ID	:

Permanent Address	
Phone No	:
Mobile No	:
Email ID	:

10. Details of the qualifying examination passed

(should submit all the above certificates in original for verification along with a set of their Xerox copies. The original certificates will be returned immediately after verification)

Sl. No	Name of the Course	Group / Major	Institution / University	Year of Passing	% of Marks	Grade (CGPA) / Class UG- major only
1.	SSLC					
2.	H. Sc / PUC / Pre-Degree					
3.	Diploma _____					
4.	UG _____					

DECLARATION

I hereby declare that the particulars given above are correct. If any particulars given are found to be incorrect at any point of time, I will abide by the decision of the University. I will, if admitted, abide by the rules and regulations of the University.

Place :

Date :

Applicant's Signature

INTERVIEW EVALUATION

Remarks: _____

Signature of the Head of the Panel

ADMISSION REMARKS

Remarks: _____

Signature of the Administrative Officer

Signature of the Academic Co-ordinator

FEE PAYMENT DETAIL

DD No. : _____

Amount : _____

Date : _____

Bank & Branch : _____