

Application No

**Application for admission to Diploma in Ophthalmic Technique**

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)  
:

**Diploma in Ophthalmic  
Technique**

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

:

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 _____					

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### **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

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### **INTERVIEW EVALUATION**

Remarks: \_\_\_\_\_

Signature of the Head of the Panel

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### **ADMISSION REMARKS**

Remarks: \_\_\_\_\_

Signature of the Administrative Officer

Signature of the Academic Co-ordinator

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### **FEE PAYMENT DETAIL**

DD No. : \_\_\_\_\_

Amount : \_\_\_\_\_

Date : \_\_\_\_\_

Bank & Branch : \_\_\_\_\_