

**Application for admission M.Phil. Optometry**  
**(For Practitioner - under Collaborative Programme of Singhania University)**

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)  
:

**M.hil. Optometry  
(for Practitioner)**

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 in Optometry					
4.	UG _____					
5.	PG _____					

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### **DECLARATION**

I am informed that, I am enrolled for M.Phil. Optometry course Offered by Mugavari Eye Hospital & Research Institute, Medavakkam, Chennai, For Practitioner - under Collaborative Programme of Singhania University, Rajasthan and the certification is offered by Singhania University located at Pacheri Bari, Dist. Jhunjhunu, Rajasthan, Which is established by the Govt. of Rajasthan and recognized as per section 2(f) of UGC act, 1956.

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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### **FEE PAYMENT DETAIL**

NEFT Ref. No. : \_\_\_\_\_

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

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

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