

Application No

Mugavari School of Optometry
Medavakkam, Chennai - 600 100

Application for admission to Diploma in Optometry Programme during the academic year
20__ - 20__

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)

:

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

:

**Left Thumb
impression 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 _____					
5.	PG _____					

11. Preferred Language under Part I (for UG Programmes Only)

(Tamil / Malayalam / Hindi / Kannada / Telugu / French are offered as language under Part I)

12. Concurrent Admission

Course currently pursuing

Year of study : I year II year III year

College :

University :

(Should submit relevant information in the form meant for exemption of subjects)

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

Signature of the Principal/Director
with College/Institution Seal