

# Dr. Agarwal's Institute of Optometry (In collaboration with Alagappa University)

146, Ranganayaki Complex, 3rd Floor greams road, Chennai 600006  
Email:optometry.institute@dragarwalsopticals.com Mob: 9444444821



**Application Number** \_\_\_\_\_

**Name of the Applicant** \_\_\_\_\_

First Name

Last Name

**Date of Birth**

Month Day Year

**Age** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Nationality** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Father's Occupation** \_\_\_\_\_

**Father's Income** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_

**Mother's Income** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_

**Marital Status (If M if married, S if single)** \_\_\_\_\_

**Mother tongue** \_\_\_\_\_

**Present Address/Guardian Address**

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province

\_\_\_\_\_

Postal / Zip Code

**Phone Number**

**Permanent Address**

\_\_\_\_\_

Street Address Line 1

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province

\_\_\_\_\_

Postal / Zip Code

**Name of the school last attended** \_\_\_\_\_

**Location** \_\_\_\_\_

**Medium of Instruction** \_\_\_\_\_

**Educational Details from school leaving certificate onwards in chronological order**

<i>Name of the examination</i>	<i>Subjects</i>	<i>Name of the board</i>	<i>Name of the School</i>	<i>Total Marks Obtained</i>	<i>%of the Marks</i>
<i>Class X or equivalent</i>					
<i>Class XII or equivalent</i>					
<i>UG</i>					

**Program preference details** \_\_\_\_\_

UG/PG

**Declaration by the Applicant**

***I have carefully read the program details and the instructions given in this application form and hereby declare that all the information given and statements made in the various section and part of this application form and enclosures are true to the best of my knowledge. I agree to the condition that if any information or statement found wrong, my admission to Dr. Agarwal's Institute of Optometry would be automatically be cancelled.***

**Signature** \_\_\_\_\_

**Declaration by father/guardian**

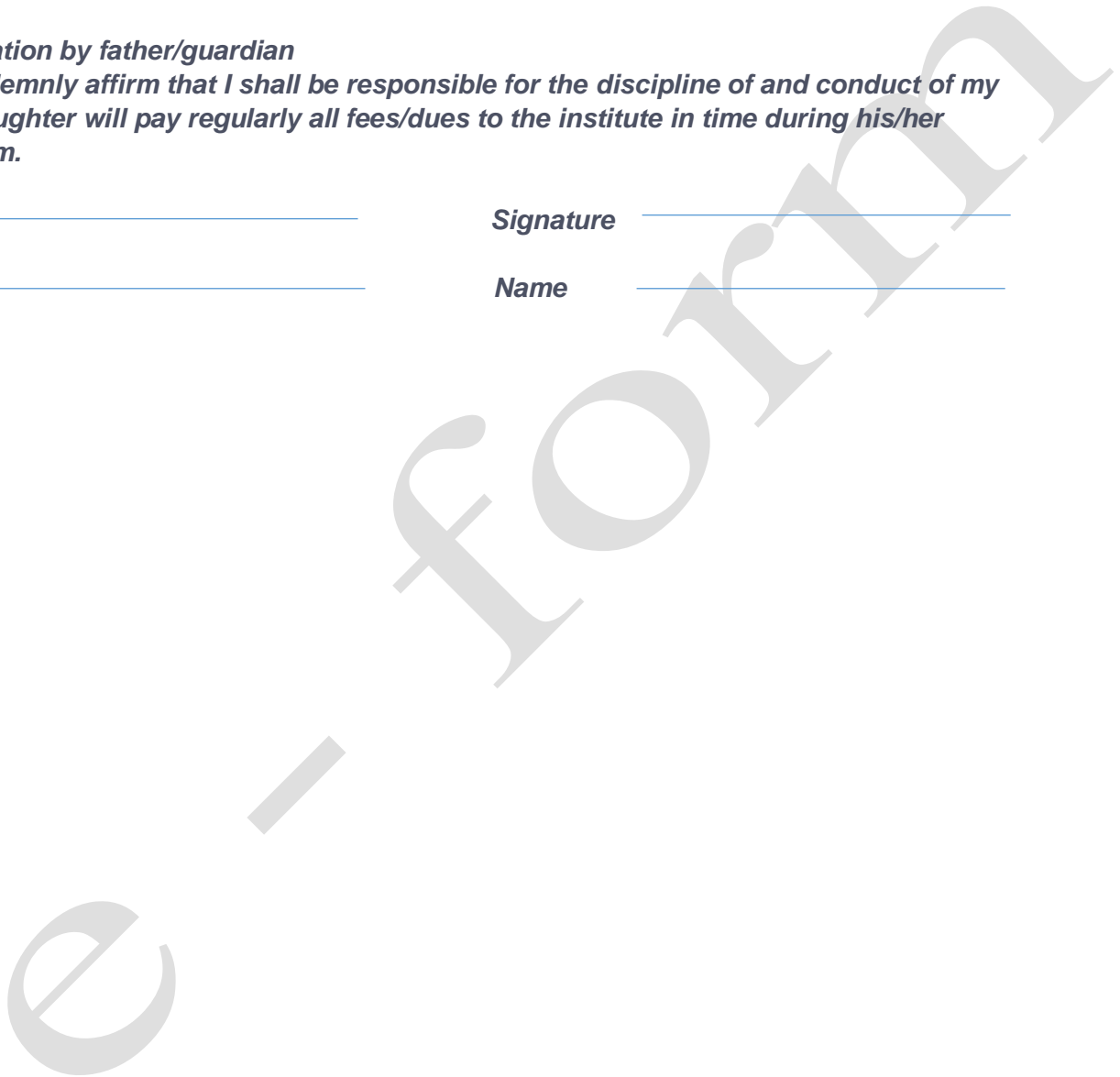
***I do solemnly affirm that I shall be responsible for the discipline of and conduct of my son/daughter will pay regularly all fees/dues to the institute in time during his/her program.***

**Place** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_



**Documents to be submitted along with filled application:**

1. X mark sheet (Xerox)
2. XII mark sheet (print out)

**Documents required at the time of joining**

1. 3passport size photographs
2. X mark sheet original
3. XII mark sheet original
4. TC original

**For office use only**

Date of receipt:----- course offered:----- Remarks, If any:-----

**Documents collected at time of admission**

1. X mark sheet -----
2. XII mark sheet -----
3. TC -----

Course Administrator-----

