

Dr. Agarwal's Institute of Optometry (In collaboration with PRIST 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 _____

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 college 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/ Univerity</i>	<i>Name of the School/College</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>					
<i>Diploma (if any)</i>					

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 (Xerox)
3. UG Degree (Xerox)
4. Diploma (Xerox if any)

Documents required at the time of joining

1. 3passport size photographs
2. X mark sheet original
3. XII mark sheet original
4. UG Degree original
5. College 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. UG Degree original ----
4. College TC -----

Course Administrator-----