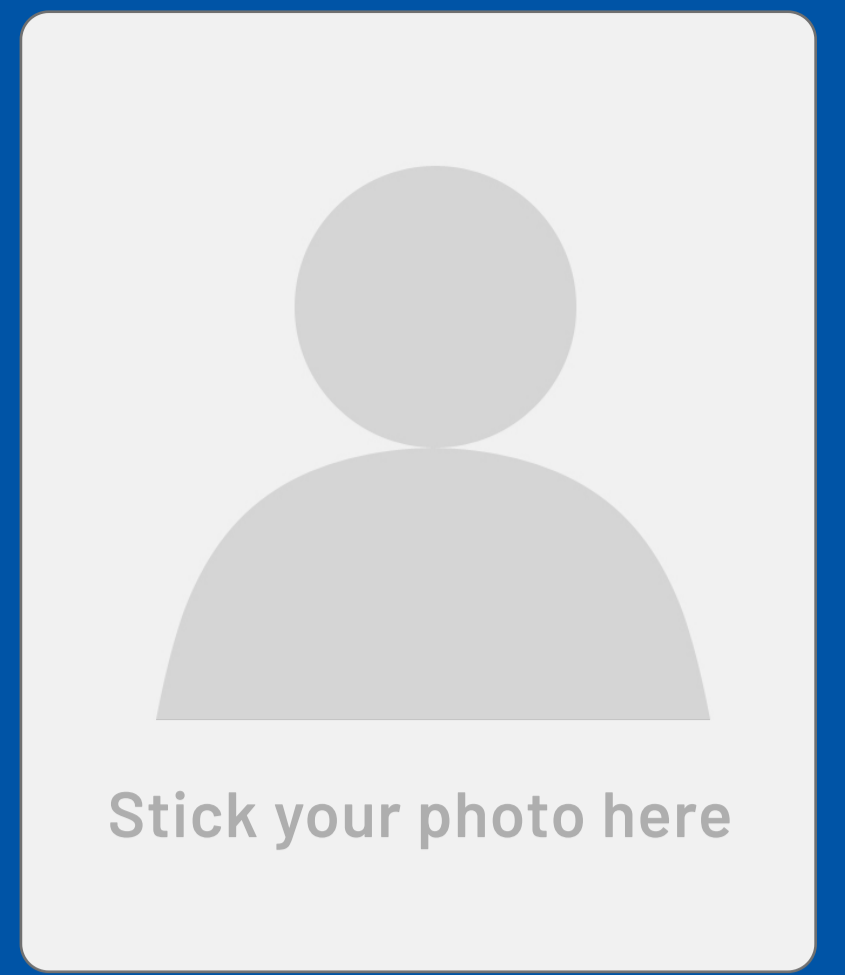


# Dr. Agarwals

INSTITUTE OF OPTOMETRY



## Application Form: B.Sc Optometry

**Application Number**

**Name of the Applicant**

**Date of Birth (D/M/Y)**

**Age / Gender**

**Nationality**

**Father's Name**

**Father's Occupation**

**Father's Income**

**Father's Mobile Number**

**Mother's Name**

**Mother's Occupation**

**Mother's Income**

**Mother's Mobile Number**

**Marital Status**

**Mother tongue**

**Student Mobile Number**

**Location**

**Present Address / Guardian Address****City** **State** **Postal / Zip Code** **Permanent Address****City** **State** **Postal / Zip Code** **Name of The School Last Attended****Medium of Instruction** **Educational Details From School Leaving Certificate Onwards in Chronological Order**

Name of The Examination	Subjects	Name of the Board	Name of the School	Total Marks Obtained	%of the Marks
Class X or equivalent					
Class XII or equivalent					
UG (if any)					

**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 sections 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. Agarwals Institute of Optometry would automatically be cancelled.**

---

**Applicant Signature**

**Declaration by father / guardian**

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

---

**Place**

---

**Signature**

---

**Date**

---

**Name**

**Note:**

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

**X mark sheet (Xerox) | XII mark sheet (Xerox)**

**Documents required at the time of joining:**

**3 Passport size photographs | X mark sheet (original)**

**XII mark sheet (original) | TC (original)**

## For Office Use Only

**Date of Receipt**

**Course Offered**

**Remarks**

**Documents collected at time of admission:**

**X mark sheet | XII mark sheet | TC**

### **Address For Sending Application:**

**Course Co-ordinator**

**Dr. Agarwals Institute of Optometry**

**#146, 3rd Floor, Ranganayaki Complex, Greams Road, Chennai - 600 006.**

**Mobile: +91 97890 60444**

**Email: daio@dragarwal.com**