



Application Form: M.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 College 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					
Diploma (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)

UG Degree (Xerox) | Diploma (Xerox if any)

Documents required at the time of joining:

3 Passport size photographs | X mark sheet (original)

XII mark sheet (original) | UG Degree (original) | College TC (original)

For Office Use Only

Date of Receipt

Course Offered

Remarks

Documents collected at time of admission:

X mark sheet | XII mark sheet | UG Degree original | College 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