



Application Number

Name of the Applicant

Date of Birth
(DD/MM/YYYY)

Age / Gender

Nationality

Religion

Community

Father's Name

Father's Occupation

Father's Income / PA

Father's Mobile Number

Mother's Name

Mother's Occupation

Mother's Income / PA

Mother's Mobile Number

Marital Status

Mother tongue

Student Mobile Number

Student Email ID

Blood Group

Present Address / Guardian Address

City

State

Postal / Zip Code

Guardian Name

Relationship

Contact No.

Permanent Address

City

State

Postal / Zip Code

Name of The School Last Attended

Passed out year

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	Year of passing
Class X or equivalent						
Class XII or equivalent						
UG (if any)						

Program preference details _____

(UG / PG)

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 canceled.

Applicant Signature

Declaration by father / guardian

I do solemnly affirm that I shall be responsible for the discipline and conduct of my son/daughter and will abide by to pay regularly all fees/dues to the institute on 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) | Aadhar Copy**

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:

Optometry Course co-ordinator

Dr. Agarwals Institute of Optometry

No 10, South Bypass Road, Vannarpettai, Tirunelveli,

Tamil Nadu - 627003.

Mobile: 9567103226