



Application Form: Masters of Optometry

Collaborative program with PRIST University



Name of the Applicant

Date of Birth
(DD/MM/YYYY)

Age / Gender

Nationality

Religion

Community / Caste

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 AddressCity State Postal / Zip Code Guardian Name Relationship Contact No. **Permanent Address**City State Postal / Zip Code **Name of The College 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						
Diploma (if any)						
Fellowship						
Others						

Work ExperienceOrganization Position Duration

How did you know about us?

- Social Media Alumni Dr Agarwals Eye Hospital Friends / Relatives
 Others _____

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 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)

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

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)

Aadhar copy | Migration Certificate | NOC (For practitioners)

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 | Aadhar copy
Migration Certificate copy | Fellowship Certificate original (if any)

Address For Sending Application:

Optometry Course co-ordinator

Dr. Agarwals Institute of Optometry

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

Mobile: 97890 60444 / 94444 44821

Email: daio@dragarwal.com

Website: www.dragarwal.com