**SCHOOL OF OPTOMETRY**

**PHOTO**

**KHAIRABAD EYE HOSPITAL**

**&**

**DR. P.N. MAHENDRA EYE FOUNDATION**

**Swaroop Nagar, Kanpur - 208002**

Name of Applicant : ..................................................................................................... Mobile No. .............................

Permanent Address : ................................................................................................................................................ ........................................................................................................................................... Pin .................................

Date of Birth : .............................................................................................................................................................

Marital Status : ..........................................................................................................................................................

Age as on 1st July of year of Admission : ....................................................................................................................

 Father's/Husband's Name : ..............................................................................Mobile No. ........................................

Permanent Residential Address ................................................................................................................................

Guardian's Name : ....................................................................................................................................................

Relationship with the student : ...................................................................................................................................

Local Address if Any : .................................................................................................................................................

Name of State of Permanent residence : ....................................................................................................................

Last Exam. Passed (with date) : .................................................................................................................................

Division and Name of the board or University : ...........................................................................................................

College Last attended : ..............................................................................................................................................

Details of the Examination passed High School Onwards : .........................................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EXAMINIATION | YEAR | DEVISION | NO. OF ATTEMPTS | SUBJECT |
|  |  |  |  |  |

Marks obtained in the Intermediate (10+2) Examination

1. English /100 2. Physics /100 3. Chemistry /100

4. Biology /100 5. Mathematics /100 TOTAL

End : Photocopies ................................ Nos. PERCENTAGE ...................

Signature of Candidate ........................................................

**The application must be sent by Regd. AD Post to Principal, School of Optometry, Khairabad Eye Hospital &**

**Dr. P.N. Mahendra Eye Foundation, Swaroop Nagar, Kanpur.**

**GUARDIANS DECLARATION**

I hereby declare that my son/daughter ............................................................is seeking admission to the school of Optometry / orthotics with my consent . I am responsible for all his/her activities.

**Signature of Guardian**

I hereby declare that the information given by me is correct to the best of my knowledge and I shall strictly abide by the regulations of the School in force as prescribed by the authorities.

**Signature of the applicant in full**

Address : ......................................

.......................................................

.......................................................

**FOR OFFICE USE ONLY**

Date of receipt of the application............................................................................................... S.No.............................

Recommendation of the Selection Committee................................................................................................................

**ADMINISTRATOR**

**NOTE :**

Photo copies of themarksheets/certif icates should be legible and must accompany the application form.

The following certif icates/marksheets to be attached with the application form.

High School Certificate showing the Date of Birth Intermediate marksheet

(i) Self addressed envelop (size 9"x 4") bearing postage stamp of Rs.25/-

(ii) Self addressed envelop (size 9"x 4") bearing postage stamp of Rs.5/-

To be submitted on the date of joining the school

Transfer Certificate

Domicile Certificate

Fitness Certificate

Character certificate from the college or University last attended