

C L GPTA EYE INSTITUTE

(APPLICATION FORM FOR ADMISSION)

(FILL UP IN CAPITALS ONLY)

Application No.:

Date:

Course Applied For (Tick in the Box):

1. Bachelor of Optometry

Please affix a color passport size photograph of the applicant (Front facing)

Name of the Applicant:

First Name

Middle Name

Last Name

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Father's Name:

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Mother's Name:

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Date of Birth:

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Age:

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Gender: Male / Female

Mother Tongue:

Category: General SC ST OBC PH Others

Nationality:

Religion:

PERMANENT ADDRESS	PRESENT ADDRESS (For Correspondence)
City:	City:
Pin Code:	Pin Code:
State:	State:
Contact Number:	Contact Number:
E-mail ID:	

Academic Background:

Education	Board/University	Year of passing	Subjects	Division/Grade	% of Marks/CGPA
10 th (High School)					
12 th (Intermediate)					
Diploma:					
Graduation	1 st Yr.				
	2 nd Yr.				
	3 rd Yr.				
	4 th Yr.				
Others:					

Declaration:

I _____, S/o, D/o, _____ hereby declare that entries made by me in this application form and the documents submitted by me with this application form are true in all respects and in any case, any information is found to be false, this shall entail automatic cancellation of my admission.

I am fully aware of the rules regarding ragging as well as the punishment and that if found guilty on this account I am liable to be punished appropriately.

Dated :

Place :

Signature of the Applicant