OPTOMETRY RESEARCH & TRAINING INSTITUTE

SRI RAJARAM MEMORIAL EYE HOSPITAL SOCIETY

(AFFILIATED TO U. P. STATE MEDICAL FACULTY, & U. P. Govt.)

Recognise Training Center of IGONU & RVP UNIVERSITY

(ISO 9001-2000 CERTIFIED Hospital)

RAMLILA MAIDAN, BANDA 210001 U.P.-Ph.-05192- 320389,224734

ADMISSION FORM OF DIPLOMA / Bachelor / Lateral (OPTOMETRY)

IMPORTANT **APPLICATION FORM - AUG 2007** **SR. NO -**

1. Read the form carefully before filling.
2. Use blue or black ball point pen to fill this form . Start writing from the frist Extra box(es) if any, may be left blank on right side.
3. Tick( ) in the appropriate box aginst colums ,6,7,8,9 and 10.

1. Full name (IN CAPITAL LETTERS)

2. father's name (IN CAPITAL LETTERS)

3. Mother's name (IN CAPITAL LETTERS)

4. DATE OF BIRTH

5. SEX 6. CASTE - SC ST OBC G

7. NATIONALITY - INDIAN OTHERS

8. MINIMUM QUALIFICATION - 10+2 PASS Diploma APPIARING 10+2

9. NAME AND FULL MAILLING ADDRESS WITH PIN CODE

NAME_____

ADDRESS_____

_____

_____

SIGNATURE

RECENT COLOUR PHOTOGRAPH

10. TELE PHONE NO_____

11. e-mail- _____

CONSENT

I solemnly affirm that the information furnished above is true and correct. I have not concealed any information. I realise that if any information furnished herein is found to be incorrect or untrue, I shall be liable to civil/criminal prosecution and also forgo my claim to the seat in the institution. Further, that my candidature for selection and admission to the course is liable to be cancelled. I agree to abide by the rules and Regulation governing this selection /Admission and as contained in Prospectus.

Enclosure- **Marksheet - Date of Birth certificate, Eligibility certificate & D/D Rs. 250/-, two colour photograph, with resume**.

Date---------- Signature of the candidate

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