

6. Marital Status (fill in `M` if Married, `S` if Single):

7. Mother Tongue: -----

8. Mailing Address (in Capital Letters) to which all postal correspondence is to be sent.

Line 1 of Address: -----

Line 2 of Address: -----

City: -----

State: -----

Pin:

Phone: -----

Mobile: -----

E.mail: -----

9. Permanent Home Address (in Capital Letters)

Line 1 of Address: -----

Line 2 of Address: -----

City: -----

State: -----

Pin:

Phone: -----

Mobile: -----

E.mail: -----

10. Name of school last attended with city location: -----

11. Fill in your educational details from School Leaving Certificate onwards in the chronological order:

Name of the Examination	Subjects	Board/University	Year of Passing	Total Marks Obtained	Maximum Marks	Final %age of Marks	Div
Class X or equivalent							
Class XII or equivalent							
Any Other (specify)							

12. Marks obtained in class XII Examination.

Subject	Marks Obtained	Maximum Marks
Physics (P)		
Chemistry (C)		
Mathematics (M)		
Biology (B)		
English		

PCM %	
PCB %	

13. **Programme Preference Details:** Out of the four programmes given below, indicate your preference:

- Certificate Course in Ophthalmic Techniques
- Certificate Course in Ophthalmic Assistant
- Diploma in Ophthalmic Techniques
- Diploma in Ophthalmic Assistance
- B.S. Optometry

14. Declaration by the Applicant

I have carefully read the programme 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 parts 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 were found to be wrong, my admission to Shri Prakash Institute of Optometry would be automatically be cancelled. If admitted, I promise to abide by the Rules and Regulations in force or those that may hereafter be made by the institute and I shall do nothing either inside or outside the Institute, which will interfere with its orderly working and discipline.

Place----- Signature-----

Date----- Name-----

15. Declaration by father / guardian

I do solemnly affirm that I shall be responsible for the discipline and conduct of my son / daughter will pay regularly all fees / dues to the Institute in time during his / her programme.

Place----- Signature-----

Date----- Name-----

For Office use only												
Date of receipt: _____	Programme offered: _____											
Remarks, if any: _____	ID No <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>											
Principal	Director											