Date:

Signature of Candidate



Application Form for Admission to the Diploma in Ophthalmic Techniques I Wish to be Admitted to DOT.

(Fill in block Latter)						
1. Name of Applicant (Mr/Ms/Miss	s.) :				***************************************	
2. Permanents Address.	:					
	:					
3. Present Address.						
5. Fleselli Address.	·					
	•					
4. Contact No.	•					
5. Email Address.	:					
6. Date Of Birth.	:				*	
7. Marital Status.	:					
8. Father's/ Husband's Name.	:					
9. Referred By Name.	:					
10. Contact No.	:					
11. Local Guardian's Name	:					
(Relation with Student.) 12. Last Exam Passed With Date	:					
Division and Name of Board						
or University.						
13. Centres you wish to Join	:	(1)				
Give Centre's Code No. As give	ven in instruction.					
To Candidates (enclosed on p	age i to vii).	:111)				
14. Details of the Examination p						
Examination	Year	Division Pas	ssed No.	Subjects		
High School						
Intermediate						
B. Sc						
15. Marks Obtained in the Intern	nediate (10+2) Ex	amination:				
3	/100	,	/100	3. Chemistry	/100	
4. Biology	/100	5. Mathematics	/100			
16. Lists of Photocopy Certifica	ted attached by the	ne graduated officer	should be attached	I kindly bring original co	ertificates	
at the time of interview.						
A. Copy of High School Certifi	cate and mark she	et.				
B. Mark-sheet of Intermediate	(10+2) passed					
C. Mark. Sheet of B. Sc.						
D. College Living Certificated						
E. Any other						
F. Character Certificate from the principal of the college last attended.						
17. Bank Draft No Payable at Delhi, Issuing Bank						
	(only B	ank Draft are Accept	table)			

Instructions:

- 1. Residence in premises is compulsory if offered for all candidates
- 2. Application must reach the interviewing centre by the due date 25th June, every year with banck draft for Rs. 2,000/- (Rupees Two Thousand only) as application processing fee, in favour of the "Foundation of Ophthalmic & Optometry Research and Education Centre" payable at Delhi.
- 3. All eligible candidates will receive a call letter by post (under UPC) to appear for the interview
- 4. All documents Photostat copies be sent along with the application. Original certificates must be produced at the time of interview
- 5. Convassing any form will disqualify the candidate.
- 6. No correspondence will be entertained with the ineligible candidates or if application is sent at the wrong place.
- 7. The centre does not bear any responsibility for postal delay/loss in transit. Candidates are hence advised to send and correspondence by Regd/Speed post/Courier.
- 8. Books once supplied will not be taken back.

FOR OFFICE USE ONLY			
Interview No.	:	Date of Receipt	·
Date of Calling of interview	:	Result	<u>:</u>
Head office			



SHANTI MUKAND HOSPITAL

(NABH Accredited, NABH - Nursing Excellence, Safe I & ISO 9001:2015 Certified Hospital)
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