

(HOSPITAL AND POSTGRADUATE INSTITUTE OF SRI KANCHI SANKARA HEALTH AND EDUCATIONAL FOUNDATION)

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Phone with STD Code: Mobile:

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PIN Code		E-Mail ID:	
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Phone with STD Code: Mobile:

Sex: ☐ M ☐ F Date of Birth: DD: MM: YY: Nationality:

Religion: SC/ST/OBC [Documents to be furnished]:

Marital Status:

Payment Details:

Note: The candidate should write his/her name and Contact number on the reverse of the demand draft.

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Name of the College/Institution/University last attended

Name of the Examination

Roll No

Reg. No.

Year of Passing:

Marks obtained in B. Optom Final Examination

Year	1 st Year	2 nd Year	3 rd Year	Internship Period
Full Marks				
Marks obtained				
No. of Attempts				

Language Proficiency:

Knowledge of English:

Speak

Read

Write

I do hereby declare that the information furnished above are correct to the best of my knowledge. If any misrepresentation of facts is detected, I shall forfeit my claim to a seat in the Institution. If admitted, I shall abide by the rules of the Institution.

Place –

Date –

(Signature of the Applicant in full)

Declaration of the Parent/Guardian

I, parent/guardian of Shri/Shrimati.....do hereby declare that in the event of he/she being admitted to Sri Sankaradeva Nethralaya, I shall be responsible for his/her conduct and regular payment of college dues and regular attendance of classes. I also undertake to withdraw him/her from the Institution, if the concerned authority decides that such withdrawal is necessary in the greater interest of the Institution.

Place–

Date–

[Signature of the Parent/Guardian in full]

Enclosure

Note: Self attested photocopies of the following should be enclosed with the application form

1. Document for Age Proof
2. Passport size photograph (2 copies)
3. B. Optom Mark sheets & Pass Certificate
4. Internship Completion Certificate
5. Payment of fees can be made through Demand Draft/ NEFT/ RTGS
6. Demand Draft should be drawn in favour of "Sri Sankaradeva Nethralaya" payable at Guwahati.
7. Copy of PRC
8. Caste certificate (if any)

Filled in application form with enclosures to be forwarded to:

CONVENOR, PARAMEDICAL EDUCATION COUNCIL
Sri Sankaradeva Nethralaya
96, Basistha Road
Guwahati – 781028
Assam, INDIA

For Official Use Only

Name of the Applicant:

Roll No:

Date of Receipt of Complete Application:

Payment Received :

Documents Verified:

Signature with Seal:

Senior Academic Coordinator
Sri Sankaradeva Nethralaya,
96 Beltola Basistha Road,
Guwahati -28, Assam