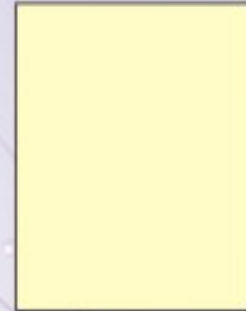


**SCHOOL OF OPTOMETRY**  
**KHAIRABAD EYE HOSPITAL**  
 Swaroop Nagar, Kanpur - 208002.



Name of Applicant : ..... Mobile No. ....

Permanent Address : .....  
 ..... Pin.....

Date of Birth : .....

Marital Status : .....

Age as on 1<sup>st</sup> July of year of Admission : .....

Father's/Husband's Names : ..... Mobile No.....

Permanent Residential Address : .....

Guardian's Name : .....

Relationship with the student : .....

Local Address if Any : .....

Name of State of Permanent residence : .....

Last Exam. Passed (with date) : .....

Division and Name of the board or University : .....

College Last attended : .....

Details of the Examination passed High School Onwards : .....

Examination	Year	Division	No. of Attempts	Subjects
High School				
Intermediate				
B.Sc				
Others				

Marks obtained in the Intermediate (10+2) Examination

1. English /100    2. Physics /100    3. Chemistry /100

4. Biology /100    5. Mathematics /100    TOTAL

End.: Photocopies .....Nos.    PERCENTAGE.....

Signature of Candidate.....

**The application must be sent by Regd. AD Post to Principal, School of Optometry, Khairabad Eye Hospital, Swaroop Nagar, Kanpur.**

## GUARDIANS DECLARATION

I hereby declare that my son/daughter..... is seeking admission to the school of Optometry/orthoptics with my consent. I am responsible for all his/her activities.

Signature of Guardian

I hereby declare that the information given by me is correct to the best of my knowledge and I shall strictly abide by the regulations of the School I nforce as prescribed by the authorities.

Signature of the applicant in full  
Address:.....

.....  
.....

### FOR OFFICE USE ONLY

Date of receipt of the application ..... S.No.....

Recommendation of the Selection Committee.....

ADMINISTRATOR

### Note:

Photo copies of the marksheets/certificates should be legible and must accompany the application form.

The following certificates/marksheets to be attached with the application form.

High School Certificate showing the Date of Birth

Intermediate Marksheet

(i) Self addressed envelop (size 9" x4") bearing postage stamp of Rs.25/-

(ii) Self addressed envelop (size 9" x 4") bearing postage stamp of Rs. 5/-

To be submitted on the date of joining the School.

Transfer Certificate

Domicile Certificate

Fitness certificate

Character certificate from the college or University last attended

**Demand Draft for Rs. 100/- infavour of "Khairabad  
Eye Hospital Training A/C" payable at Kanpur**