

RESEARCH EDUCATION CENTRE

Affiliated to Singhania University, Rajasthan
(Recognized under section 2(f) of UGC Act. 1956)

Offline/Online Application Form For Admission : BSc. Optometry & Diploma in Optometry
Zonal Study Centre : Choudhury Eye Hospital & Research Centre
(Postgraduate Institute, National Board of Examination Accredited)

Affix Recent
Passport size
Photo

Name of the applicant in Block letters (in English)

[illegible]**Father's/Husband's Name**[illegible]

Mother's Name

[illegible]

Address: I. Present:

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PIN Code

e-mail ID :

Phone with STD Code:

Mobile :

Communication Address:

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PIN Code

e-mail ID :

Phone with STD Code:

Mobile :

Sex :

M

F

Date of Birth: DD:

MM:

YY:

Date of Birth: DD: MM: YY:

Nationality:

	Nationality:
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Marital Status:

Marital Status:

Religion:

Religion:

Name of the School/College last attended

Name of the Examination

Roll No.

Reg. No.

Year of Passing

Marks obtained in H.S./Equivalen Examination

1.

Subject	Physics		Chemistry		Biology		Eng.	%	Div
	Theo	Prac	Theo	Prac	Theo	Prac			
Full Marks									
Marks Obtained									

For Diploma in Optometry (Arts & Commerce)

Marks Obtained in H.S./Equivalent Examination

2.

Subject	1	2	3	4	%	Div
	English					
Full Marks						
Marks Obtained						

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 Choudhury Eye Hospital & Research Centre, 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. HSLC Certificate (10)
2. HSSLC Certificate (10+2)
3. Passport size photograph (2 copies)
4. Online Payment receipt
5. Copy of PRC

For Official Use only

Name of the Applicant :

Roll No.:

Date of Receipt of Complete Application:

Payment Received :

Documents Verified :

Signature with Seal:

Academic and Research Officer

Choudhury Eye Hospital & Research Centre

Shyamaprasad Road (Shillongpatty), Silchar-788001, Assam

Office Phone No.: 7575905695, 9954151947