NETHRA INSTITUTE OF OPTOMETRY

NETHRA	
optometry	Approved by Alagappa University
	Approval No.: AU/CP/872
	Arni to Vellore Road, Ragunathapuram Koot Road, Sevoor , Arni – 632316, T.V Malai Dist. Landmark.: RTO Office Back Side. 200999431/32, Email.: <u>nethraopto@gmail.com</u> www.nethrainstitutes.com
APPLICATI Application No.:	(for office use only)
Name of the applicant with	n initial (as in Qualifying Certificate –in BLOCK letters):
Nationality:	Religion:
Community:Address for communicatio	Caste :
Door No.& Street	
Village & Post	
Taluk & District	
Pin code:	
Permanent Address:	
Door No & Street	
Village & Post	
Taluk & District	
Pincode:	Mobile No:

E-mail :		
Mother's Name:	Mobile No:	
Father's Name:	Mobile No:	
Name of Guardian:		

Detail of Educational Qualification:

Course Studied	Major Subjects	Month year of passing	Name of the School/College/University	Medium	Aggregate% Marks/Class
SSLC/10 th Std		F			
HSC/12 th Std					
Under Graduate					

Enclosures :

- 1. SSLC Mark Sheet Xerox Copy
- 2. HSC Mark Sheet Xerox Copy
- 3. Transfer Certificate Xerox Copy
- 4. Aadhar Card Xerox Copy
- 5. Community Certificate Xerox Copy
- 6. Passport Size & Stamp Size Photo Copies (Each 2 Nos)

Declaration:

I hereby declare that the particulars given above are true to the best of knowledge. If any of the particulars furnished is found to be false, I agree to forfeit my admission without claiming any refund.

Date :

Place :

Signature of the Candidate

Signature of Parent/Guardian