



Acchutha Institute of Optometry

*Affiliated to
The Tamil Nadu Dr.M.G.R Medical University*

Affiliation No. V(5) / 27941/2018

Admin Office : H 3, EVN Road, Periyar Nagar, Erode 638 009, Tamil Nadu, India.

Phone : 0424 - 4030804, 93632 24505 | Email : aio.erode@gmail.com



APPLICATION FORM FOR UNDER / POST GRADUATE DEGREE / DIPLOMA COURSES

Application No.

Course Applied for (Please tick any one)

Courses

- B.Optom (Bachelor in Optometry)
- M.Optom (Master in Optometry)
- Diploma in Ophthalmic Assistant

Student's
Recent
Photograph

Name of the Applicant with initial (as in Qualifying Certificate – in BLOCK letters):

[Name grid]

Expansion of Initials [Expansion grid]

Gender [Male] [Female] [Neutral] Place of Birth: [Place of Birth box]

Date of Birth: Date: [Date] Month: [Month] Year: [Year] Nationality: [Nationality]

Address for Communication: [Address] Blood Group : [Blood Group]

[Address line 2]

[Address line 3]

[Address line 4]

Pin Code: [Pin Code]

E-mail ID: [E-mail ID]

Phone with STD Code: [Phone]

Mobile No.: [Mobile No.]

Aadhar No: [Aadhar No]

Mother's Name:

Father's Name:

Name of Guardian (If student not staying with parents):

Parent/Guardian Address for Communication (If different from above):

Pin Code:

E-mail ID:

Phone with STD Code:

Mobile No.:

Details of Educational Qualifications:

Course Studied	Major Subjects	Month & Year of Passing	Name of the School / College / University	Medium	Aggregate % Marks /Class
SSLC/ 10 th Std					
HrSc/12 th Std					
Under Graduate					

(Enclose Attested copies of SSLC/Hr. Secondary certificates and UG Provisional Certificates or Degree Certificates.)

Eligibility Certificate Details (For Candidates with qualifying exam from other than Tamil Nadu)

Certificate No.:	Date of Issue :
Issuing University:	Issuing Authority

Migration Certificate Details:

Certificate No.:	Date of Issue:
Issuing Institution:	Issuing Authority

Transfer Certificate Details:

Certificate No.:	Date of Issue:
Issuing Institution:	Issuing Authority

Community Certificate Details:

Certificate No.:	Date of Issue:
Issuing Institution:	Issuing Authority

Language Proficiency (Tick appropriately):

	Language (Specify)	To Speak	To Read	To Write
Mother Tongue				

Additional Participation (courses and programmes attended) if any (Other than the above):

Course Description	Organized by	Duration

Miscellaneous:

Proposed mode of stay: Day Scholor /Hostel
Source of funding: Own / Sponsorship / Scholarship / Bank loan / Others

References:

Written references from upstanding members of the community, who have known you for more than 5 years

How did you come to know about our institute?

- Brochure
- Notice
- TV Advertisement
- Newspaper
- Tele Calling
- Website
- Friends
- Education Fair
- Others

Payment Details

Registration fee Rs.1500/- (non refundable)

Mode of payment: Cash/Cheque/DD

Cheque / DD No.:	Rs.
Date:	Bank:

Note : Candidate should write his / her name on the reverse of the Cheque / Demand Draft

Declaration

I hereby declare that the particulars given above are true. If any of the particulars furnished is found to be false, I agree to forfeit my admission without claiming any refund. We assure strict adherence to Acchutha Institute of Optometry & The TamilNadu Dr. MGR Medical University regulations after admission.

Date :

Place :

Signature of the Candidate

Signature of Parent / Guardian

Enclosures:

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

1. SSLC, HSc, Degree Certificates
2. Community certificate, Transfer certificate, Migration certificate, Eligibility certificate (as applicable).
3. Proof of attainments, if any, in extracurricular activities, and other training undergone.
4. Two passport size photographs (recent)
5. Copy of identification proof. (AADHAR CARD)
6. Cheque / DD drawn in favour of "Focus Eye Trust" Payable at Erode.
7. Medical Certificate

Filled in application form with enclosures to be forwarded to following address:

Acchutha Institute of Optometry

Admin Office:

H 3 EVN Road, Periyar Nagar, Erode 638009,

Tamil Nadu, India

Phone : 0424 4030804

Registration Details (To be filled in by AIO official)

Registration Date :

Registration No.:

Remarks :

Registration-in-charge (sign)