Application No:

# Dr. Tony's SchoolOf Optometry

## Unit of STF Charities

Mini Civil Station Road, Aluva, Ph: 04842633373, 04842922500
Email: stfmedicare@gmail.com, www.drtonyseyehospital.com
(Under the Kerala University of Health Sciences, Thrissur, India)

### APPLICATION FOR U.G. COURSE – 2020 - 21

*(To be filled in by the candidate in his / her own handwriting in BLOCK letters only.)*

1. Full name of the candidate as in the SSLC/H.Sc.Record :

Recent passport size photograph to be affixed here

2. Course Applied for :

3. Date of birth

4. Age and Sex (Male/Female) :

5. Religion & Caste :

6. Category :

1. General
2. SC/ST
3. OBC
4. Muslim
5. LC other than Anglo Indian
6. OBH
7. OBX

7. Aadhaar No :
8. Nativity :
9. Nationality :
10. Mother Tongue:

11. Blood Group:

12. Email Id : ……..

13. Permanent home address with Contact Number

Pin: Tel :

14. Address to which communication should be send with Contact number

Pin: Tel :

15. Name of parent or guardian (State relationship) :

16. Contact number of Parent

17. Name of Local guardian, if any (with telephone No) :

18. Academic Qualification :

| Statement of marks secured in the qualifying examinations. (Attach copies of Marklist / Certificates) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of examination passed | Subject: Main & Sub | Marks Secured | % of marks Secured | Year of Passin. | Register No | Date & authority issuing it. | Institution/ University |
| 10th | | | | | | | |
| Plus Two (Total) | | | | | | | |
| | Physics | | | | | | |
| | Chemistry | | | | | | |
| | Biology | | | | | | |
| | English | | | | | | |
| Any other Qualifications | | | | | | | |

## DECLARATION BY THE APPLICANT

I hereby declare that all particulars stated in this application are true to the best of my knowledge and belief. I have read and understood all the provisions of the prospectus and agree to abide to them. In the event of suppression or distortion of any fact like educational qualification, Nationality, Study period etc., made this

Place:
Date:

Signature of Applicant

*Note: Please attach all documents.*

## FOR OFFICE USE ONLY

Remarks: ……

Provisionally admitted/Admitted/ Rejected

**PRINCIPAL**

Place :

Date :