



# LAXMI COLLEGE OF OPTOMETRY

Balgram Maharashtra, Opp. Senior CKT College, Sec -12, Khanda Colony, New Panvel (W) - 410206, Tel: 022 27452228/27453147

## ADMISSION FORM

Source of information about course: \_\_\_\_\_  
\_\_\_\_\_



1. Personal Information Section			
	Last Name	First Name	Middle Name
Name of the student			
Father's / Husband Name			
Mother's Name			

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Detail: - Mobile No: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email ID: - \_\_\_\_\_

## 2. Educational Information Section

Name of examination	Name of school / college	Board/ university	Year of passing	Percentage

Work Experience:- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Guardian Information Section

Guardian name: - \_\_\_\_\_

Occupation:- \_\_\_\_\_ Annual Income:- \_\_\_\_\_

Address 1 [Present] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address 2[office] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact no.:- Personal:- \_\_\_\_\_ Office:- \_\_\_\_\_

Email ID: - \_\_\_\_\_

Relationship with applicant: \_\_\_\_\_

<b>4. Attached Documents</b>		
<b>Sr.No.</b>	<b>Name of document/ certificate</b>	<b>Attached [ yes / no]</b>
1	Passing Certificate of Std X / Statement of Marks	
2	Passing Certificate of Std XII / Statement of Marks	
3	Leaving Certificate / Proof of Birth	
4	Caste Certificate	
5	Domicile Certificate	
6	Affidavit for Change name / Marriage Certificate	
7	Experience Certificate	

For office use only

### 5. Payment Detail:-

Total fees amount Rs. \_\_\_\_\_ for \_\_\_\_\_

Mode of Payment: - Cash       Cheque       D.D

Amount paid: - 1] \_\_\_\_\_ 2] \_\_\_\_\_

3] \_\_\_\_\_ 4] \_\_\_\_\_

Receiver's Name & Signature

Depositor's Name & signature

### 6. Declaration by applicant

I hereby declare that information filled by me in this form is accurate, true & complete to the best of my knowledge. I further declare that the modification made by the institute in the programme rules & announced from time to time, will be accepted by me.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Candidate

## **List of the documents**

- 2 Passport size photographs
- Passing Certificate of Std 10<sup>th</sup> / 10<sup>th</sup> Std Mark sheet
- Passing Certificate of Std 12<sup>th</sup> / 12<sup>th</sup> Std Mark sheet
- Leaving Certificate / Proof of Birth
- Caste Certificate(If Applicable)
- Domicile Certificate(If Applicable)
- Migration Certificate( Applicable for Other state boards/ Universities)