



Affiliated to the Tamil Nadu Dr.M.G.R. Medical University

APPLICATION FORM FOR ENROLLMENT

Reference Number :

I. Application Details :

I am applying for the following course (Please tick) :

- B.Optom
 B.Optom Lateral Entry
 M.Optom

Preferred Location (Please tick) :

- Chennai Coimbatore Salem



II. Personal Information

Name of the Candidate :

Date of Birth : Gender: Male Female

Nationality : Religion :

Caste : Mobile Number :

Email ID :

Father's Name :

Occupation : Mobile Number :

Mother's Name :

Occupation : Mobile Number :

Name of Local Guardian :

Telephone Number : Mobile Number :

Who should receive your academic information? Parent Guardian

III. Mailing Address

Door Number / Street / Road :
<input type="text"/>
<input type="text"/>
District : <input type="text"/>
Pin Code : <input type="text"/>
State <input type="text"/>
Telephone Number
<input type="text"/>

IV. Permanent Address

Door Number / Street / Road :
<input type="text"/>
<input type="text"/>
District : <input type="text"/>
Pin Code : <input type="text"/>
State <input type="text"/>
Telephone Number
<input type="text"/>

Any change in address should be immediately communicated to the Institute.

V. Previous Education :

Name of the School / University & Place	Subject / Domain	Qualification	Marks / Percentage	Year of Completion	

VI. Languages you know (Please tick)

Language	To Understand	To Speak	To Write

VII. How did you find about us ?

<input type="radio"/> Advertisement <input type="radio"/> Internet <input type="radio"/> Educational Fair <input type="radio"/> Others (Please specify)
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VIII . Please provide with 2 references who are not your relatives

Name :	Name :
Profession :	Profession :
Contact No :	Contact No :

IX . Declaration

I hereby certify that all the information I have provided is correct and true.

Signature : _____

Date : _____

Parent's Signature : _____

Branch Address :

Chennai

Mobile : 95855 48908 / 95855 48340
Phone : 044 - 4860 2955

127, Old Mambalam Road,
West Mambalam, Chennai - 600 033
Email: vior.chennai@vasaneye.in

Coimbatore

Mobile : 95855 45587
Phone : 0422 - 246 0600

Mettupalayam Road,
Thoppampatti Pirivu,
Coimbatore - 641 017.
Email: vior.cbe@vasaneye.in

Salem

Mobile : 84899 07851
Phone : 0427 - 244 4851

161/12, Itteri Road, Meyyanur,
Salem - 636 004
Landmark: Near ARR Multiplex Theatre
Email: vior.salem@vasaneye.in

Applying to the Course :

Checklist

The following is a checklist of all the documents required for submitting your application

UG Checklist

- Application completed in all respects
- +2 mark sheet
- 10th mark sheet
- Transfer certificate
- Eligibility certificate from the Tamil Nadu Dr. M.G.R. Medical University (if +2 is not from the Tamil Nadu state board)
- Community certificate (if applicable)
- Blood group report
- 6 passport size photos
- Passport size digital photo in pen drive

PG Checklist

- Application completed in all respects
- Degree certificate / Provisional certificate
- Transfer certificate
- Migration certificate
- Eligibility certificate from the Tamil Nadu Dr. M.G.R. Medical University (if UG is not from the Tamil Nadu Dr. M.G.R. Medical University)
- Community certificate (if applicable)
- Blood group report
- 6 passport size photos
- Passport size digital photo in pen drive

For Office use only

- Admitted to B.Optom B.Optom Lateral Entry M.Optom

For the Academic Year 20____ – 20____

Principal