



Application No. _____

**ADMISSION TO PARAMEDICAL DIPLOMA IN OPTOMETRY COURSE 2017-2018 SESSION
APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION
KILPAUK, CHENNAI - 10.**

A.R. No.

(To be assigned by Selection Committee)

1. + 2 Examination / Equivalent
Register / Roll Number Year and Month
(2017 Students enter Roll Number /
others enter Register Number)

REGISTER / ROLL NUMBER						

YEAR		

MONTH	

2. Name in Block Letters (Initial at the end):
.....

3. Address for Communication :
.....
.....
.....

PINCODE

Land line Phone No. :

Mobile No.

4. Name of Parent / Guardian
.....

5. Sex : (Encircle a code)

MALE	FEMALE	TRANSGENDER
1	2	3

6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A/B
OFFICERS OF
CENTRAL / STATE
GOVERNMENT

7. Nativity
(Encircle a code)

Tamil Nadu	OTHERS
1	2

7a. Details of Education : (Encircle the code which is applicable)

Studied from VIII Std to +2 in Tamil Nadu	Studied from VIII Std to +2 in Other State

8) School(s) of study (Evidence to be produced from the schools studied) :

Sl. No.	STANDARD STUDIED	YEAR OF PASSING	NAME & ADDRESS OF SCHOOL	* DISTRICT WITH CODE	STATE
1	VIII STD				
2	IX STD				
3	X STD				
4	XI STD				
5	XII STD / EQUIVALENT				

* Refer Annexure for District Code

9. Date of Birth :

DATE	MONTH	YEAR

10. Community (Encircle a code) :

OC	BC	BCM	MBC/DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

11) NAME OF THE CASTE : 12) CASTE CODE :

--	--	--	--

Refer List of Communities (For "OC" use code 500)

13) Qualifying Examination : (Encircle a code) 13a. Particulars of Passing the Qualifying Examination

HSC	SSCE / CBSE	ISCE	OTHERS
1	2	3	4

DETAILS	1st Attempt	2nd Attempt	3rd Attempt
REG. No.			
MONTH & YEAR			

14) Religion with code :

--

--

 Refer Annexure VIII A

15) Marks obtained in the HSC/ Equivalent Qualifying Examination :

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	WEIGHTED TOTAL OF PASSING	METHOD OF CANCELLATION
PHYSICS			Y1	Y =	$Y = \frac{Y1+Y2}{4}$
CHEMISTRY			Y2		
MATHS			X1 =	X =	$X = \frac{X1}{2}$
TOTAL MARKS					(X-Y)

16) If claiming for Orthopaedically Physically Disabled Category (Please Tick ✓) YES NO

16(a) If Yes, whether necessary certificates enclosed ? YES NO

17) Medium of Instruction (Encircle a code) :

ENGLISH	TAMIL	OTHERS
1	2	3

18) Mother Tongue (with Code) :

--

--

 Refer Annexure VIII A

19) District Code (as given in the Prospectus)

NATIVE DISTRICT	DISTRICT IN WHICH SCHOOL STUDIED

DECLARATION BY THE CANDIDATE & PARENT

I, Son / Daughter of hereby solemnly declare that the information furnished and the statement given in the application and OMR and the enclosures are true, correct and complete. I further declare that if it is found otherwise, I will be liable to forfeit my seat and / or removed from the rolls of the Institution at whatever stage of study, besides making me liable for criminal prosecution.

Signature of Parent / Guardian :

Signature of Candidate :

Date

Place :

**ADMISSION TO PARAMEDICAL
DIPLOMA IN OPTOMETRY COURSE 2017 - 2018 SESSION**

A.R.No.

(For Office Use Only)

SCRUTINY FORM

INSTRUCTIONS TO FILL UP SCRUTINY FORM

1. To be filled by the candidates as per the entries made in the application form and returned
2. Use only Blue color Ball Point Pen for ticking and writing
3. Put Tick mark(✓) in the correct Gray color boxes
4. Write inside the white box, wherever writing is required

1. Details of Qualifying Exam

Registration / Roll Number

--	--	--	--	--	--	--	--

Passing Month

--	--

 Passing Year

--	--	--	--

2. Name (in BLOCK LETTERS)
3. Address

Pincode :	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Mobile :	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

Paste here firmly your recent Photograph
4cm x 5 cm

5. Sex

1. M	2. F
------	------

 6. Nationality

1. Indian	2. Others
-----------	-----------

 7. Nativity

1. TN	2. Others
-------	-----------

7a. Details of Education

1	2
---	---

 9. Date of Birth

		/				/			
--	--	---	--	--	--	---	--	--	--

10. Community

1. OC	2. BC	2A. BCM	3. MBC
4. SC	4A. SCA	5. ST	

 12. Caste Code

--	--	--	--

13. Qualifying Examination

1. HSC	2. SSCE/ CBSE	3. ISCE	4. OTHERS
--------	---------------	---------	-----------

 13a. No. of Attempts

--

14. Religion

--

15. Marks in Subjects

Subject	Maximum Marks	Marks Obtained
Physics		
Chemistry		
Maths		

16. Are you Orthopaedically Physically Disabled	1. Yes	2. No
16a. If yes, Necessary Certificates Enclosed	1. Yes	2. No

17. Medium of Instruction

1. English	2. Tamil	3. Others
------------	----------	-----------

18. Mother Tongue

--

19. District Code

--

 Native District

--

 School District

--

I sincerely affirm that the information furnished above are true.

Station :

--

Date :

--

Signature of the Candidate within the box

--

மடிக்காதீர்கள்
DO NOT FOLD



REGD. POST/SPEED POST/ COURIER SERVICE

APPLICATION FORM FOR

**ADMISSION TO PARAMEDICAL DIPLOMA IN OPTOMETRY COURSE
IN GOVERNMENT MEDICAL INSTITUTIONS 2017-2018 SESSION**

Application No:

+2 REGISTRATION Roll NUMBER

--	--	--	--	--	--	--	--	--	--

YEAR OF PASSING +2th EXAM

--	--	--	--

COMMUNITY (ENCIRCLE A CODE)	OC	BC	BCM	MBC/ DNC	SC	SCA	ST
	1	2	2A	3	4	4A	5

SPECIAL CATEGORY	YES	NO
Orthopaedically Physically Disabled (Lower Limbs only (Put ✓))		

From: (Candidate's Mailing Address)

.....
.....
.....
.....

PINCODE:

--	--	--	--	--	--

CONTACT NO:

--	--	--	--	--	--	--	--	--	--

TO

**The Secretary,
Selection Committee,
No.162, Periyar E.V.R. High Road,
Kilpauk, Chennai-600 610.**