



**Application Form for Admission Against Vacant Seats in First Year of Bachelor of Clinical Optometry (B. Optom) and Master of Clinical Optometry (M. Optom) Programme for the Academic Year 2023-24.**

Name of the Course applied for: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Subjects offered in 12<sup>th</sup> (HSC): \_\_\_\_\_

Marks Obtained: Physics \_\_\_\_\_

Chemistry \_\_\_\_\_

Biology/Mathematics \_\_\_\_\_

English \_\_\_\_\_

Year of Passing: SSC: \_\_\_\_\_ HSC: \_\_\_\_\_

Percentage of Marks of PCB/M with English(%) \_\_\_\_\_

Name of University(Graduate) \_\_\_\_\_

Year of Passing: \_\_\_\_\_ Marks in% \_\_\_\_\_ Appearing: \_\_\_\_\_

Name & Address of the last attended School /College: \_\_\_\_\_

Name & Address of Parents /Guardians \_\_\_\_\_

Declaration –I

I hereby declared that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected/admission will be cancelled.

N.B: 1) Please send the color scan copy of duly filled form to [info.optom@dpu.edu.in](mailto:info.optom@dpu.edu.in)

2) kindly attach all documents to the email (10<sup>th</sup>, 12<sup>th</sup> & Graduate Marksheets, Certificates)

Place:

Date:

Signature of Candidate