SI. No	Date :



DR. K.R. ADHIKARY COLLEGE OF OPTOMETRY AND PARAMEDICAL TECHNOLOGY

(An ISO 9001:2008 Certified Institution)
B-17/30(S), I.T.I. More, Kalyani, Nadia, 741235, W.B.
Affiliated to UNIVERSITY OF KALYANI

PASSPORT SIZE PHOTOGRAPH

COURSE:						11			
Name of the Student (Block Letter)									
,									
Name of Father									
Name of Mother									
Permanent Address									
		PIN							
Present Address		1 111					<u> </u>		
Fresent Address									
		PIN							
Contact Number									
Phone Mo	bile Fa	ther	1						
		udent	2						
■ E-mail Address									
Date of Birth									
Name of Guardian (if father is not living)									
Nationality									
Religion									

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Name of School / College last attended														

Academic Qualification

Examination Passed	Year of Passing	Board/University	Subjects	Total Marks	% of Marks

List of Enclosure

- > Xerox copies of qualification certificates.
- ➤ Application for admission is to be made in prescribed application form, cost of Rs. 300/- (Rupees three hundred only) along with Cash/DD of Rs. 200/- (Rupees two hundred only) as fee for Admission Test (non-refundable) and in case of form downloaded from website then Rs. 500/- (Rupees five hundred only) will be deposited by Cash/DD as cost of Form and Admission Test (non-refundable) payable at in favour of "Dr. K.R. Adhikary College of Optometry and Paramedical Technology" at the time of submission of Form.
- ➤ One extra copy of stamp size photograph to be enclosed for Admit Card of Admission Test.

DECLARATION

I hereby declare that all statements made in this application form are true, complete and correct in the best of my knowledge and belief.

I do hereby agree to abide the rules and regulations of the college and to observe strict discipline. I also declare that I have gone through the rules and regulations governing the admission to the course and agree that in case of any violation to these rules and regulations my admission to the particular course would automatically stand cancelled.

I shall be responsible, if my application is rejected for any reason by the University.

Signature of Guardian	Signature of Student
To be filled in b	y the office
Considering result of Admission Test	

MAY BE ADMITTED ADMIT