



Creating Careers with Vision

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 M. Optom Diploma in Optometry 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 Ac	ddress				IV. Pe	rmanent Address			
Door Number / Street / Road :]	Door Number / Street / Road :				
District :					District:				
Pin Code :					Pin Co	ode:			
State					State				
Telephone Nu	mber				Telep	hone Number			
Any change in	address sho	uld be immediate	ely commu	unicate	ed to the	e Institute.			
V . Previous E	Education :								
Name of the School / University & Subject / Domain Place			Qua	Qualification		Marks / Percentage Year of Completion			
VI . Languages you know (Please tick) VII . How did you find about us?									
Language	To To Speak		To Write			Advertisement			
						O Internet			
						O Educational Fair			
						Others (Please spe	ecify)		

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:	

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 Diploma in Optometry	
For the Academic Year 20 — 20	